OSP APPLICANT

CRIMINAL JUSTICE INFORMATION SYSTEMS
SECURITY CLEARANCE BACKGROUND REQUEST

I have been informed that in order to be allowed access into areas associated with or around Criminal Justice Information Systems (CJIS), a state and national fingerprint background check will be required.

I understand that the existence of a criminal record in itself would not disqualify me for employment, contract work, or being a volunteer, however, it may effect what locations I will be allowed access. Further I understand if there is any question regarding the results of the fingerprint background check, I may contact the Oregon State Police CJIS Division directly for information regarding the results of the check.

_____ _____
Applicant Signature Date

CLEARLY PRINT THE FOLLOWING:

NAME:_____
(Last) (First) (Middle)

OTHER NAMES USED:_____

DOB:_____ POSITION TITLE:_____

TYPE OF POSITION (CHECK ONLY ONE)

☐ CONTRACTOR/VENDOR ☐ NON-SWORN EMPLOYEE ☐ SWORN

REQUIRED INFORMATION:

***PERMANENT EMPLOYEES** ***CONTRACTOR/VENDOR/OTHER**

OR

DATE OF HIRE: **END OF SERVICES:**

(Month/Year):_____ **(Month/Year):**_____

NOTE: Please fill out ALL fields; information is needed for tracking purposes. If not filled in, form will be rejected/returned to agency. CJIS Flag will be deleted at the time of end of services unless extended by an email from the agency to email address OSP.CJIS@state.or.us. If there is no end date of services for non-permanent employees, please write in 'continual contract' and we will rely on your agency to let us know when this individual no longer has CJIS Security access to your ORI.

MANAGER CONTACT INFORMATION FOR RESULTS

NAME: _____ PHONE: _____

OFFICE:_____ ORI: _____

E-MAIL ADDRESS: _____

The person identified above will be required access to a CJIS security area under my direction. By this request I am complying with the CJIS Security policy requirements for this facility and submitting within the 30 days of hire as directed in section 5.12.1.1 of the CJIS Security Policy and the State CSO or their designee.

_____ _____
Manager/LEDS Rep Signature Date