



VECHS APPLICANT WAIVER AGREEMENT AND STATEMENT



For Criminal History Record Checks

This form shall be completed and signed by every current or prospective employee, contractor/vendor, or volunteer.

I hereby authorize (enter Name of Qualified Entity): _____ to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me to determine eligibility for employment. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer.

Authorized agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request a copy of your record from the screening agency. After you have reviewed the criminal history record, if you believe the Florida information is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., Title 28, CFR, Section 16.30-34 and Rule 11C- 8.001, F.A.C. by calling FDLE at (850) 410-7898. If you believe the national information is in error, you may contact the FBI at (304) 625-2000.

I do OR do not authorize you to release my criminal history records, if any, to other qualified entities.

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Address: _____

ORIGINAL- MUST BE RETAINED BY QUALIFIED ENTITY