WASHINGTON COUNTY SCHOOL DISTRICT
121 WEST TABERNACLE ST.
ST. GEORGE, UT 84770
(435)-673-3553 ext. 5115

Regulatory Authority: UCA 53A-15-1501 et seq. and UCA 53A-6-401, Public Law 103-209, National Child Protection Act
Public Law 105-251, Volunteers for Children Act

Agency Code - NFUF B1061

Washington County School District, State, and Federal Regulation require all employees, substitutes, and volunteers with unsupervised access to complete a background check as a condition of employment. This information is obtained from the Bureau of Criminal Identification (B.C.I.) from both regional and national criminal data files.

Prospective Employee: _________________________   ___________________________   _________
LAST NAME  FIRST NAME  MIDDLE

Date of Birth: _______________________ Previous Name(s)/Maiden Name(s) __________________________
Month/Day/Year

School/Location: ________________________________     Position: __________________________________

APPLICANT RELEASE

Agreement: By signing this release, you hereby authorize the BUREAU OF CRIMINAL IDENTIFICATION to voluntarily investigate your past and present work, education, and law enforcement records to include the State Information Management System for Child Abuse and Neglect to ascertain any and all information which may be pertinent to your employment qualifications. With your signature you specifically agree to release all persons, employees, board members, administrators, firms, agencies, companies, groups or installations, whomsoever, from any damages of, or resulting from, furnishing such information. You are agreeing that a copy of this release shall function as an original.

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

____________________________________________________________________________________
Prospective Employee Signature  Date

____________________________________________________________________________________
Witness Signature  Date

____________________________________________________________________________________
Agency Authorized Representative Signature  Date

Form 554 Revised 10/6/2015 (Previous Editions Obsolete)