



**State of
Kansas**

An Equal Opportunity Employer

Personal Data Form

Kansas Department of Administration

Division of Personnel Services

900 SW Jackson Street

Landon State Office Bldg., 252 South

Topeka, Kansas 66612

Local Phone (785) 296-4278

E-mail psweb@da.ks.gov • On-Line <http://da.ks.gov/ps>

First Name	Last Name	Middle Initial																					
Social Security Number:	Phone Number <i>(Where you can be reached between 8am to 5pm) 785-555-5555</i>	Prefix: <i>(Check One)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.																					
Street Address:	City	State	Zip Code:																				
Highest Education Level Is: <i>(Check One)</i> <table border="0"><tr><td><i>High School or Less</i></td><td><i>Up to 2 year Degree</i></td><td><i>Up to Bachelor's Degree</i></td><td><i>Post College</i></td></tr><tr><td><input type="checkbox"/> Less than High School</td><td><input type="checkbox"/> One Year College</td><td><input type="checkbox"/> Three Years College</td><td><input type="checkbox"/> Some Graduate School</td></tr><tr><td><input type="checkbox"/> High School Graduate</td><td><input type="checkbox"/> Two Years College</td><td><input type="checkbox"/> Four Years College</td><td><input type="checkbox"/> Master's Degree</td></tr><tr><td><input type="checkbox"/> Technical School</td><td><input type="checkbox"/> Two-Year College Degree</td><td><input type="checkbox"/> Bachelor's Degree</td><td><input type="checkbox"/> Doctorate</td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/> Post Doctorate</td></tr></table>				<i>High School or Less</i>	<i>Up to 2 year Degree</i>	<i>Up to Bachelor's Degree</i>	<i>Post College</i>	<input type="checkbox"/> Less than High School	<input type="checkbox"/> One Year College	<input type="checkbox"/> Three Years College	<input type="checkbox"/> Some Graduate School	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Two Years College	<input type="checkbox"/> Four Years College	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Technical School	<input type="checkbox"/> Two-Year College Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate				<input type="checkbox"/> Post Doctorate
<i>High School or Less</i>	<i>Up to 2 year Degree</i>	<i>Up to Bachelor's Degree</i>	<i>Post College</i>																				
<input type="checkbox"/> Less than High School	<input type="checkbox"/> One Year College	<input type="checkbox"/> Three Years College	<input type="checkbox"/> Some Graduate School																				
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Two Years College	<input type="checkbox"/> Four Years College	<input type="checkbox"/> Master's Degree																				
<input type="checkbox"/> Technical School	<input type="checkbox"/> Two-Year College Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctorate																				
			<input type="checkbox"/> Post Doctorate																				
Veterans Preference <input type="checkbox"/> Check here if claiming Veteran's Preference (Notice: If you are claiming veterans' preference for the first time please mail a copy of your DD214, copy of discharge to the Kansas Department of Administration, Division of Personnel Services, 900 S.W. Jackson, Room 252S, Topeka, Kansas 66612 or Fax to (785) 291-3715.)																							
Applicant Characteristics: <i>This optional information is used for statistical purposes only.</i> Race or Ethnic Group <i>(Check One)</i> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Non US Citizen		Sex: <i>(Check One)</i> <input type="checkbox"/> Male <input type="checkbox"/> Female Over 18 years of Age: <input type="checkbox"/>																					

The Americans with Disabilities Act of 1990 ensures your right to reasonable accommodations. Arrangements will be made if you have a disability that requires accommodation in completing a registration form or other employment materials, in applying for a vacancy, in interviewing and any other employment process. A request for an accommodation will not affect your opportunities for employment with the State of Kansas. It is your responsibility to make your needs known to the agency to which you are applying.

Kansas Department for Aging and Disability Services
Security Clearance & Conditional Employment Acknowledgement Form

By signing this form I acknowledge and agree that:

I read the entire Kansas Department for Aging and Disability Services (KDADS) Security Clearance Policy No. 8.9 and I agree to comply with its requirements. I was provided with a copy of the Policy and given the opportunity to ask questions about it to KDADS' Human Resources. I understand the Policy and my responsibility to seek further clarification from Human Resources if at any time I am unclear about the requirements, including, but not limited to, the following:

- I understand KDADS will conduct a background check for use in determining whether to grant a security clearance for any position which may involve contact with protected, at risk or vulnerable populations such as children, the elderly, individuals with mental, emotional, intellectual or physical disabilities, and/or individuals receiving care at a State Hospital or Institution;
- I understand KDADS may require any applicant, employee, student, intern, volunteer, independent contractor or contracted staffer to obtain and maintain security clearance as a condition of employment/service to the agency;
- I understand that if this includes my position, any initial offer of employment that might be made to me is conditional and expressly contingent upon my successful completion of a background check and KDADS granting a security clearance;
- I understand that KDADS reserves the right, at its sole discretion, to require me to be fingerprinted for use in obtaining state and federal records and criminal history as part of the background check process;
- I understand that I will be required to complete criminal history background check authorization forms including: 1. *KDADS Self-Report Security Clearance Application and Statement* and 2. *Waiver Agreement and Statement (Fingerprint-Based Record Checks for Noncriminal Justice Purposes)*.
- I understand that if I do not pass the background check and/or security clearance is not granted (subject to a reasonable amount of time afforded to correct or complete the criminal history record and provide additional information) any conditional offer of employment will be withdrawn, and if conditionally working I may be immediately dismissed;
- I further understand KDADS reserves the right to update or conduct an additional background check on me at any time during my employment, service other association with the agency if deemed necessary by KDADS.

Circle

Yes / No My position may involve contact with protected, at risk, or vulnerable, populations or individuals receiving care at a State Hospital or Institution.

Yes / No I have lived outside the state of Kansas within the last 5 years.

Please

Print Name: _____

SEEN AND
AGREED:

Applicant/Employee Signature

Date

I, _____, give permission for the release of information concerning
(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)* Jessica Collins-Rogers Phone 785-291-0653
Agency name KDADS
Agency mailing address 503 S. Kansas Ave.
Agency email address jessica.collinsrogers@ks.gov

☐ Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: _____
(PRINT ONLY)

Address: _____
Street City State Zip Code

DOB: ____/____/____ SS#: ____-____-____ ☐ Male ☐ Female
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency. ____ Yes ____ No

Signature: _____ Date: ____/____/____
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

RETURN TO:

Office of Background Investigations
Adult Abuse Registry
P.O. Box 751043
Topeka, KS 66675

(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)

FOR PPS ADMINISTRATION USE ONLY:

Record Found? ☐ No ☐ Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.
If yes, check all that apply ☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse
Perpetrator's Name: _____ Date Substantiated: _____
Initial: _____ Date: _____



KDADS

KBI Criminal History Background Check Self Report

Results from a background check of criminal history records will list all activity, including juvenile information, expungements, and diversions.

1. Have you ever been charged in a criminal proceeding anywhere in the United States, under military law or in any foreign country with any crimes in which the final outcomes of the court action resulted in a conviction, reduced charges, plea bargaining, diversion or any other disposition other than "not guilty"?

Yes _____ No _____

2. Are there currently any criminal charges, indictments or outstanding warrants pending against you?

Yes _____ No _____

3. Have you been adjudicated as a juvenile offender in the last five (5) years?

Yes _____ No _____

4. Have you had any conviction(s) expunged?

Yes _____ No _____

5. Have you ever been investigated for abuse, neglect or exploitation of an adult or child?

Yes _____ No _____

6. Have you ever had your driver's license suspended or revoked for any reason?

Yes _____ No _____

7. Are you currently subject to a court order of protection from abuse, stalking, restraining or any order issued in Kansas or another state or Indian tribe that orders you to refrain from having direct or indirect contact with another person?

Yes _____ No _____

8. If you have answered "yes" to any of the questions (1-7), please explain, including dates of events. (Attach additional pages if more space is needed.)

9. Have you lived outside of the state of Kansas within the last five years?

Yes _____ No _____

If yes, please indicate dates. (ex. 2010-2012)

10. The following personal information is required in order to complete a criminal history record check:

- a. Have you used any other names or aliases including maiden name and name(s) from previous marriage(s)?

Yes _____ No _____

If yes, list all other names and aliases:

- b. Date of Birth: _____

- c. Driver's License No: _____

- d. State of Issuance: _____

- e. Check Gender: Female ____ Male ____

- f. Race (Be Specific): _____

- g. SSN: _____

- h. Legal Name: _____
Print First Middle Last

- i. Address: _____

- j. City: _____

- k. State: _____

- l. Zip Code: _____

- m. County in which you live: _____



KDADS Self Report Security Clearance Statement

I understand that the position for which I am applying requires a security clearance and that a background check of state and/or federal records is required. Background check results must be received before a security clearance may be granted. I acknowledge that I have read a copy of KDADS' HR Policy titled 8.9 Security Clearance: Background Checks (Policy 8.9) adopted by my potential employer and that I have been given an opportunity to ask an HR representative any questions I may have concerning Policy 8.9. I hereby authorize a state and/or federal records check for the prohibited crimes and conduct described in Policy 8.9. I voluntarily WAIVE ALL RIGHTS OF RECOURSE against the State of Kansas Department for Aging and Disability Services, and its employees from all liability in processing my application for security clearance and background check. I affirm that the information given on this form is TRUE AND COMPLETE to the best of my knowledge. I understand that deliberate FALSE STATEMENTS OR MISREPRESENTATIONS could be considered grounds for rejection of my application and could be considered CAUSE FOR IMMEDIATE DISMISSAL, if employed. I understand that if selected for any other position requiring security clearance, the CONVICTION OF A PROHIBITED CRIME, OR OTHER PROHIBITED CONDUCT may subject me to IMMEDIATE DISMISSAL. Furthermore, I understand that once I am employed I am required to notify Human Resources any time I am charged with or convicted of a prohibited crime and that my failure to do so may subject me to IMMEDIATE DISMISSAL. By my signature, I acknowledge and accept these terms as CONDITIONS OF EMPLOYMENT.

Signature of Applicant

Date

Printed Name of Applicant



Employee Policy Manual

8.9 Security Clearance (Background Checks)

To safeguard the interests of vulnerable customers, residents, patients and KDADS staff, and to minimize risk of their injury, KDADS may require any top applicant, employee, student, intern, volunteer, independent contractor or contracted staffer to obtain and maintain security clearance as a condition of employment/service to the agency. Results from background checks of state and federal records will be considered by KDADS in determining whether to grant security clearance. Individuals may be required to submit fingerprints for use in obtaining records.

KDADS reserves the right to disqualify from consideration for employment/service any individual who is denied or fails to maintain security clearance when required to do so. Security clearance may be denied to an individual who has been convicted of a prohibited crime as detailed below. Conviction of a prohibited crime or having engaged in prohibited conduct as defined below occurring more than five years ago will not automatically result in denial of security clearance but may be considered in determining whether to grant security clearance.

Prohibited Crimes:

- Abandonment of a Child
- Abuse
- Abuse of a Child
- Aggravated Abandonment of a Child
- Aggravated Arson
- Aggravated Battery
- Aggravated Burglary
- Aggravated Incest
- Aggravated Robbery
- Aggravated Sodomy
- Aiding Escape
- Altering a Legislative Document
- Arson
- Assault
- Assisting Suicide
- Battery
- Bigamy
- Blackmail
- Bribery
- Burglary
- Contributing to a Child's Misconduct or Deprivation
- Criminal Damage to Property
- Criminal Nonsupport
- Criminal Restraint
- Criminal Threat
- Electronic Solicitation
- Endangering of a Child
- Exposing Another to a Life Threatening Communicable Disease
- Forgery
- Furnishing Alcoholic Liquor/Beverage or Cereal Malt Beverage to a Minor
- Harassment
- Hazing
- Illegal Use of Weapons of Mass Destruction or Furtherance of Terrorism
- Incest
- Indecent Liberties With a Child, Ward
- Indecent Solicitation of a Child
- Injury to a Pregnant Woman
- Interference with Parental Custody
- Interference with the Conduct of Public Business in a Public Building
- Interference with the Custody of a Committed Person
- Intimidation of a Witness or Victim
- Involuntary Manslaughter
- Kidnapping
- Lewd and Lascivious Behavior
- Making False Writing
- Mistreatment of a Confined Person
- Mistreatment of a Dependent Adult
- Murder
- Obstructing Legal Process or Official Duty
- Official Misconduct
- Patronizing a Prostitute
- Perjury
- Permitting Dangerous Animal to be at Large
- Poisoning
- Possession, Possession with the Intent to Sell
- Promoting Obscenity
- Promoting Prostitution
- Prostitution
- Rape
- Robbery
- Sale, Manufacture or Production of any Drug Listed in the Uniform Controlled Substances Act, KSA 65-4101 et. seq.
- Sedition
- Sexual Battery
- Sexual Exploitation of a Child
- Sodomy
- Stalking
- Terrorism
- Theft



Employee Policy Manual

8.9 Security Clearance (Background Checks)

- Threat, Criminal or Terroristic
- Trafficking
- Treason
- Unlawful Administration of a Substance
- Unlawful Disclosure of Tax Information
- Unlawful Interference
- Unlawful Sexual Relations
- Vehicular Homicide
- Voluntary Manslaughter
- *Any other crimes including attempts, conspiracies, and solicitation to commit any of the crimes listed

A conviction or other disposition of a prohibited crime (*including but not limited to entering a diversion agreement; a plea of guilty, no contest or nolo contendere; a finding of guilt on original or reduced charges by a judge or a jury; plea bargaining to lesser charges; being found not guilty by reason of insanity; or expungement of conviction*) may be considered in determining whether to grant a security clearance. Any pending charges involving a prohibited crime may also be considered.

Prohibited Conduct:

Convictions which are titled differently than those on the prohibited crimes list but which encompass *the same or substantially similar conduct* are also considered as prohibited conduct. KDADS may also consider as prohibited conduct any administrative findings or pending criminal charges or allegations of welfare fraud, state and/or federal program or benefit fraud including but not limited to food assistance, cash assistance, Medicaid and Social Security, child or adult abuse, neglect, exploitation or termination of parental rights. Other types of convictions and conduct may be considered in determining whether to grant a security clearance, if the conviction or conduct bears a substantial relationship to the job duties of the position/service and consideration is consistent with business necessity.

State of Kansas
DRUG SCREENING PROGRAM



AFFIRMATION OF POLICY FORM
NON-KDOT
Statement of Policy

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that candidates given a conditional offer of employment for a designated position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no candidate whose test shows illegal drug use will be employed by the State in a designated position.

It is the policy of the State of Kansas that employees in designated or correctional facility positions may be required to take a drug screen to show they are drug-free if there is reasonable suspicion of illegal drug use. The State will give current employees with permanent status an opportunity to rehabilitate and return to their jobs as productive members of the workforce. Current employees who do not rehabilitate or who have a second test which shows illegal drug use may be disciplined in accordance with the Civil Service Act.

It is the policy of the State of Kansas to inform candidates and employees of drug screening programs prior to drug tests being conducted. The state will consider drug screening results and medical information provided by candidates and employees as confidential.

Affirmation of Policy

As a candidate for a designated position, or an employee in a designated or correctional facility position, I affirm that I have read and understand the meaning of the above statement of policy regarding the State's Drug Screening Program. As a candidate, I am aware that my offer of employment is conditional upon the results of a drug screen. As an employee in a designated or correctional facility position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

Please Check One: Candidate ☒ Employee ☐

Please Check Reason for Test: Pre-employment ☒ Pre-Duty ☐
 Reasonable Suspicion ☐ Return-To-Duty ☐
 Follow-up ☐

X Name: _____

X Soc.Sec.No.: _____

Agency Name: Larned State Hospital

Agency Position No.: _____

Agency No.: 444410

X _____
(Signature of Candidate or Employee)

X _____
Date

(Signature of Supervisor or Agency Representative)

Date

DA 411 Agency and Candidate or Employee keep copy. Original to Collection site then mail to OPS.

Revised 04/10/2017

COLLECTOR INSTRUCTIONS:

1. Use Alere supplied, NON-DOT-regulated chain of Custody form with facility number _____.
2. Complete the blank spaces of the facility number on the Chain of custody form with the 6-digit agency code.

Facility Number

4	4	4	4	1	0
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State of Kansas DRUG SCREENING PROGRAM



ACKNOWLEDGMENT FORM NON-KDOT

As a candidate for a designated position, or an employee in a designated or correctional facility position with the State of Kansas, I hereby acknowledge that I am scheduled to undergo a drug screen test. The drug screen test will involve an analysis of a urine sample which I will provide at a designated collection site. The purpose of the screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates and amphetamines. I acknowledge that the drug screen test result will be made available to the Director of the Office of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State. As a candidate, I am aware that my conditional offer of employment in a designated position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled. As an employee with permanent status, I am aware that if I refuse to undergo treatment, or if I have received a previous positive test result or the equivalent, I may be subject to disciplinary action in accordance with Civil Service Guidelines. I will present a copy of this form to the Collection Site when I report for my scheduled drug screen test.

Please Check One: Candidate ☒ Employee ☐

X Name: _____

X Soc.Sec.No.: _____

Agency Name: Larned State Hospital

Position No.: _____

Agency Number: 444410

X _____
(Signature of Candidate or Employee)

X _____
Date

(Signature of Supervisor or Agency Representative)

Date

DA-412 Copies to Agency, Candidate or Employee, and Collection Site. Send a copy to OPS.
Revised 03/27/18

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) KDADS to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. The fingerprints are authorized to be submitted under the authority of the National Child Protection Act/Volunteers for Children Act (NCPA/VCA) explained in Public Law (Pub. L.) 103-209 and Pub. L. 105-251. Pursuant to K.S.A. 22-4701 et seq., K.S.A. 22-5001, K.S.A. 75-712i, and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495), the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose of challenging the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. See 5 United States Code (U.S.C.) 552a(b); 28 U.S.C. 534(b); 34 U.S.C. 40316, Article IV(c); 28 CFR 20.21(c), 20.33(d), 906.2(d); and 2022 Kansas Laws Ch. 92, § 1 (Senate Sub. for H.B. 2495).

I understand that my fingerprints will be retained by the KBI and/or the Federal Bureau of Investigation if the Authorized Recipient participates in the state or national Rap Back program for continued suitability for being an employee, volunteer or contractor, or eligibility for any license, certification, registration, or adoption. The Rap Back program will notify the Authorized Recipient when there are updates to my criminal history record. Once I am no longer employed, a volunteer contractor, licensed, certified, registered, or seeking adoption, the Authorized Recipient shall request my fingerprints be removed from the state and/or national Rap Back program.

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of identification records and information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous federal statutes, hundreds of state statutes pursuant to Pub. L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub. L. 94-29; Pub. L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 U.S.C. 552a), the Authorized Recipient is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also requires federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 U.S.C. 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness at no cost.

To Challenge Your Kansas Criminal History Record Information (CHRI)

You may also obtain a copy of your Kansas CHRI to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes".

To Challenge Your National Criminal History Record Information (CHRI)

To obtain a copy of your national CHRI, also known as the Identity History Summary, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34).

Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

DO NOT SEND THIS FORM TO THE FBI

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under K.S.A. 21-5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information about how to challenge my criminal records for accuracy and completeness.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:

☐ Driver's License
☐ Military ID Card

☐ State Issued ID Card
☐ Passport

State/Branch: _____

ID Number: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

APPLICANT: Please return all pages to the Authorized Recipient

***AUTHORIZED RECIPIENT: 1. Must maintain the original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.***

DO NOT SEND THIS FORM TO THE FBI