

TO: Employment Supports Providers

FROM: Vocational Rehabilitation  
Provider Agreement Manager

SUBJECT: **CRIMINAL BACKGROUND CHECK NOTICE AND AUTHORIZATION**

Pursuant to NRS 239B.010(b), providers entering into a Provider Agreement with Vocational Rehabilitation (VR), and their employees and/or subcontractors, are required to complete and pass a criminal history check. All employment support providers that work with VR clients will be required to complete the criminal background check at the expense of the provider.

A fee of **\$36.25 (effective 10-01-2016)** is required for the processing of your fingerprints through the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigations (FBI) Repository Center. In addition to the fee for processing your fingerprints, there will be a fingerprint rolling fee assessed at the time you have your prints rolled.

I, \_\_\_\_\_, have been informed and understand that the Vocational  
(Print Name)  
Rehabilitation Division (Division) requires that I must clear a criminal history investigation that includes a search of State and FBI criminal history records as a condition of the Provider Agreement for the purpose of providing employment support services.

I understand that I may review and challenge the accuracy of any and all criminal history records or notices thereof which are returned to Division as a result of the fingerprint search on my behalf.

I understand that the Division may use the information received as a result of the criminal history investigation in determining whether to continue services with me. Should the search result in valid negative information, services will be terminated immediately.

I agree to pay the charges associated with the background check including the fee, if any, for the rolling of fingerprints and the fees associated with conducting the search.

Return this form to Vocational Rehabilitation, Attn: Provider Agreement Manager, 751 Basque Way, Carson City, NV 89706

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Name and Contact Number

\_\_\_\_\_  
Authorized DETR Representative Signature

\_\_\_\_\_  
Date

Form revised: 09/16/2016  
Effective: 10/01/2016



## FINGERPRINT BACKGROUND WAIVER

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of requesting agency) DETR, Rehabilitation Division that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.

2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge the accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

**16.34 - Procedure to obtain change, correction or updating of identification records.**

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28 CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.

4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

5. I hereby authorize (enter name of requesting agency) DETR, Rehabilitation Division, to submit a set of my fingerprints to the Nevada Department Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detainments, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
(PLEASE PRINT - LAST, FIRST, MIDDLE)

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submitting Agency: DETR, Rehabilitation Division \_\_\_\_\_

Address: 751 Basque Way, Carson City,, NV 89706 \_\_\_\_\_

DETR Agency representative: \_\_\_\_\_  
(PLEASE PRINT - LAST, FIRST, MIDDLE)

DETR Agency representative's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FINGERPRINT REQUEST FORM**

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing.

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting. Return this form with the printed hard card to the applicant.

**APPLICANT INFORMATION:**

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Init.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**AUTHORIZED ENTITY INFORMATION – *this section completed by the submitting agency:***

Account Number (MNU): \_\_\_\_\_ ORI: NV0131700  
Bill to Account Number (MNU): N/A Reason Fingerprinted: NRS 239B.010b  
Submit Fingerprints Electronic Livescan: Yes  No   
(If no, please print hard cards and return to applicant for manual submission)

Submitting Agency: DETR, Vocational Rehabilitation  
Address: 751 Basque Way, Carson City, NV 89706  
Agency Representative: Provider Agreement Manager

Signature of Authorization: \_\_\_\_\_  
(Signature of Authorized DETR Representative requesting fingerprints)

**FINGERPRINT SITE INFORMATION**

Signature of Official Taking Prints: \_\_\_\_\_ Date: \_\_\_\_\_

TCN Number: \_\_\_\_\_ (Used for tracking purposes)