

**LEON COUNTY SCHOOL BOARD REQUEST FOR
BACKGROUND CHECK FOR VENDORS AND CONTRACTORS**

NAME _____ DOB ____/____/____

(Photo ID Required)

SOCIAL SECURITY NUMBER _____ TELEPHONE _____

ADDRESS _____

COMPANY NAME: _____ POSITION: _____

COMPANY ADDRESS: _____ COMPANY PHONE: _____

COMPANY CONTACT: _____ CONTACT EMAIL: _____

Section 119.071(5)(a)2.4., Florida Statutes requires agencies to notify individuals of the purpose that require the collection of Social Security numbers. Social Security Numbers are used exclusively for processing fingerprints with the Federal Bureau of Investigation and the Florida Department of Law Enforcement. The Social Security Numbers are confidential and exempt from public disclosure.

NOTICE: *Level 2 screening standards (Fingerprints) return criminal history results on arrests (including juvenile) nationwide. Under Florida Statute 1012, persons with specified access require level 2 screening. Leon County Schools reviews contractor criminal histories and has high screening standards. Offences outlined in Florida State Statute 435.04 (crimes of moral turpitude) can be disqualifying when persons have been found guilty of or entered a plea of nolo contendere (no contest).*

I have read and understand the information above. I have had the opportunity to review Florida Statute 435.04 and/or have had questions answered concerning this process.

Signature of Vendor/Contractor
(Required)

In the event an approved contractor/vendor is arrested for any reason after the background clearance performed by an authorized school district in the State of Florida, they are required to immediately notify his or her supervisor who will then notify the Leon County School Board (LCSB) within 48 hours of the arrest, at which time a determination will be made as to whether the approval of that individual will be rescinded from accessing LCSB properties.

Signature of Vendor/Contractor
(Required)

The cost is \$95 (includes cost of badge). Cash is not accepted. Take this form, along with a picture ID, to the Leon County School Board Personnel Office, 2757 W. Pensacola Street, Tallahassee, FL 32304 along with **\$95** (Mastercard / Visa / Money Order made payable to **Leon County School Board**) Hours of fingerprinting are 8:00am - 5:00pm, Monday through Friday. **NOTE: In order for the fingerprint results to be reviewed by other State of Florida school districts you must inform each district respectively of your having fingerprinted with LCSB.**

CLEARED _____

DENIED _____

AUTHORIZED SIGNATURE

DATE



APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

This form shall be completed and signed by every applicant for background screening purposes.

I hereby authorize the Florida Department of Law Enforcement (FDLE) to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment.

I understand the following:

- My fingerprints may be retained at FDLE and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent arrests.
- FDLE will use local, state, and national law enforcement databases to conduct the criminal justice employment check.
- Upon request, FDLE may provide a copy of my criminal history record to me.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____



Florida Department of Law Enforcement
Criminal Justice Information Services Division/User Services Bureau

VECHS WAIVER AGREEMENT AND STATEMENT

Volunteer & Employee Criminal History System (VECHS)

for Criminal History Record Checks

under the National Child Protection Act of 1993, as amended,
and Section 943.0542, Florida Statutes

Pursuant to the National Child Protection Act of 1993, as amended, and section 943.0542, Florida Statutes, this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize Leon County School Board to submit a set of my fingerprints and this form to the Florida Department of Law Enforcement for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and that I could then freely disclose any such information to whomever I chose. 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, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

A national criminal history background check on me has previously been requested by:

(Name and Address of Previous Qualified Entity)

(Year of Request)

I have OR have not been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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 ☐ Student ☐

Signature: _____ Date: _____

Printed Name: _____

Address: _____

Date of Birth: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

FDLE Assigned Qualified Entity Number: _____

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY