

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina State Bureau of Investigation to perform a national criminal history record check in connection with my application for employment with the agency listed below.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Applicant/Licensee's Signature

Date

Applicant/Licensee's Printed Name

I authorize the above-mentioned subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

Agency Authorized Official's Signature

Date

Authorized Official's Printed Name

Agency Name

Agency OCA#

Agency Address

Agency Phone Number

I certify that I have taken the fingerprints of the above-named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprints

Date

This completed form is to be mailed to Agency listed above
Do NOT send this form to the SBI.

APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth: _____

Middle Name: _____

Residence:

Maiden Name: _____

Aliases: _____

Sex: ☒ Male ☐ Female

Race: ☐ White ☐ Black
☐ American Indian
☐ Asian or Pacific Islander
☐ Unknown

Height: _____

Weight: _____

Eye Color: ☐ Black ☐ Grey ☐ Maroon
☐ Blue ☐ Brown ☐ Green
☐ Hazel ☐ Pink ☐ Unknown

Hair Color: ☐ Bald ☐ Black ☐ Green
☐ Blonde ☐ Brown ☐ Gray
☐ Red or Auburn ☐ Sandy

Social Security Number: _____

(optional)

Employer and Address:

Simpson FIRE DEPT
P.O. Box 32
Simpson NC 27879

Reason Fingerprinted

(RFP 65) FIRE DEPARTMENT-EMS-
APPLICANT - STATE AND FED - NCGS 114-
19-12

Agency Case #: FIRE00_____

Type of Transaction: NFUF

Non fed-User Fee

NC FP Card Type: _____

FIRE

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.*

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATIONS files for a national criminal history record check in connection with my application for employment, or my employment with SIMPSON RURAL FIRE DEPT pursuant to FIRE DEPARTMENT-EMS- APPLICANT - STATE AND FED - NCGS 143B-943. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in Title 28, CFR, 16.34

(Type or print clearly)

Last Name:

First:

Middle:

Maiden:

Social Security Number:

Date of Birth:

Sex:

Race:

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

Applicant's/Employee's Signature

Date

FIRE00247

This form must be maintained on file with the above-named agency for one year. DONOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE BUREAU OF INVESTIGATION.