

CRIMINAL JUSTICE INFORMATION SYSTEMS SECURITY CLEARANCE BACKGROUND REQUEST

(DO NOT MODIFY THIS FORM)

I have been informed that in order to be allowed access into areas associated with or around Criminal Justice Information Systems (CJIS), a state and national fingerprint background check will be required.

I understand that the existence of a criminal record in itself would not disqualify me for employment, contract work, or being a volunteer, however may effect what locations I will be allowed access. Further, I understand if there is any question regarding the results of the fingerprint background check, I may contact the Oregon State Police CJIS Division directly for information regarding the results of the check.

Applicant Signature (REQUIRED)

Date

CLEARLY PRINT (REQUIRED):

NAME: _____
(Last) (First) (Middle)

OTHER NAMES USED: _____ DATE OF BIRTH: _____

EMAIL: _____ PHONE: _____

SWORN POSITION

SELECT ONE: POLICE CORRECTIONS RESERVE

JOB TITLE: _____

NON-SWORN POSITION

REQUIRED JOB TITLE: _____

CONTRACTOR/VENDOR ONLY:

REQUIRED DURATION OF SERVICES:

START OF SERVICES (Month/Year): _____

END OF SERVICES (Month/Year): _____

NOTE: Please fill out all fields; information is needed for tracking purposes. If not filled in, form will be rejected/returned to agency. FOR CONTRACTOR/VENDOR ONLY: CJIS Flag will be deleted at the time of end of services unless extended by an email from the agency to OSP.CJIS@state.or.us.

MANAGER CONTACT INFORMATION FOR RESULTS

AGENCY: _____ ORI: _____

NAME: _____ PHONE: _____

EMAIL: _____

The person identified above will be required access to a CJIS security area under my direction. By this request I am complying with the CJIS Security policy requirement for this facility.

Manager or LEDS REP Signature (REQUIRED)

Date