



Georgia Vocational Rehabilitation Agency

Employee Application Fingerprint Check Verification Form

Provider/Contractor - Hiring Agency

The below-named applicant is a prospective employee of this organization. Before the applicant's fingerprints are submitted to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI), the Georgia Vocational Rehabilitation Agency (GVRA) must verify that the applicant is seeking to provide services and/or gain employment with this agency. This is an FBI requirement.

Note: This verification form should be submitted prior to the applicant being registered for fingerprinting within the Georgia Applicant Processing Service (GAPS). Applicants will not be released to a fingerprinting site until this form has been received and the registration has been cleared by GVRA. The information contained within this form will be compared to the information provided in the GAPS registration for accuracy. If any discrepancies are found, GVRA will communicate with the hiring agency for resolution. *Applicant cannot proceed to a fingerprint site until they receive a confirmation email from GAPS.*

Employer Name	<input type="text"/>	Name of Hiring Official	<input type="text"/>
Employer's Email	<input type="text"/>	Employer's Address	<input type="text"/>
Employer's Phone	<input type="text"/>	Applicant Position	<input type="text"/>

Reason for Fingerprinting (check box): ☐ GVRA Contractor Providing Direct

Employer's Signature Date

Applicant Information (to be filled out by Applicant)

Last Name	<input type="text"/>	Middle Name	<input type="text"/>	First Name	<input type="text"/>		
Other Name(s) Used	<input type="text"/>						
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>	Sex	<input type="text"/>	Race	<input type="text"/>
Date of Birth	<input type="text"/>						
Place of Birth	<input type="text"/>						

I authorize GVRA to obtain any criminal history information that may be maintained on me by any federal, state or local justice agency through the use of a fingerprint background check, and therefore authorize GVRA to receive my criminal history record from the NCIC/GCIC database. I understand this request will only be used for employment purposes and that the information obtained will not be used in violation of any federal or state law, rule or regulation.

I further acknowledge that I have received, read, and understand the **Non-Criminal Justice Applicant's Privacy Rights** and the **Privacy Act Statement**.

Applicant's Printed Name (First, Middle, Last) Signature of Applicant Date

National Child Protection Act/Volunteers for Children Act Waiver and Consent Form

The fingerprint-based criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks).

Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Qualified Entity** or **Authorized Agency** for applicants who provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

[To be filled out by Applicant]

Please provide the following information:

Qualified Entity	N/A
Authorized Agency	Georgia Vocational Rehabilitation Agency
Position Applied For	

I am a current or prospective (check one): ☐ Employee ☐ Volunteer ☐ Contractor/Vendor ☐ Owner/Operator

I have been convicted of a crime. ☐ No ☐ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the submitting of my fingerprints through an authorized agency to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
- I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The Qualified Entity/Authorized Agency may choose to deny me unsupervised access to persons to whom they provide care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, I authorize the dissemination of any state or national criminal history record that may pertain to me, to the requesting authorized agency. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth _____

* Address _____

*Signature _____ * Date _____

*As it appears on a valid identification document issued by a governmental agency.

NOTE: A copy of this document must be retained by the Authorized Agency for at least two years from fingerprint submission date.