

Consent For Fingerprint Check

Part A

I hereby authorize any investigator, special agent, or other duly appointed representative of the authorized Federal agency conducting my background investigation to receive any criminal history record information pertaining to me, which may be in the files of any Federal, state or local criminal justice agency. I understand my fingerprint form may be provided to other Federal, state or local agencies in conjunction with the application process, and I consent to such disclosure.

Name *(Last, first, middle initial) (Please print)*

Home phone number	Social Security Number
Signature	Date

Privacy Act Statement

The Privacy Act Statement of 1974 requires that when we ask you for information, we state our legal right to do so, why we are asking for the information, and how it will be used. We must also tell you what could happen if you do not provide it and whether your response is voluntary, required to obtain a benefit or mandatory.

Our legal right to ask for the information is 5 USC 301, and Executive Order 9397. We are asking for this information to investigate your background and determine your suitability for employment.

Disclosure of the information may be made to Federal, state and local agencies, and judicial authorities as authorized by law. Violations or potential violations of law, whether civil, criminal or regulatory in nature may be reported to appropriate agencies that have the responsibility for investigating or prosecuting such violations or are charged with enforcing or implementing such laws.

Your failure to complete the **pre-appointment/post-appointment** information on this form may mean that the required information cannot be obtained to determine your suitability and/or conduct an investigation. Without this information, a determination as to your suitability for Federal employment cannot be made and may result in you not being considered for employment; or a determination may be made that you are unsuitable for your position.

Live Scan Screen Information

Part B

Name *(Last, First, Middle) (Please spell out complete full name. Do not use initials. If no middle name, indicate by printing "NMN")*

Last name	First name	Middle name
Social Security Number	Date of Birth <i>(yyyy,mm,dd)</i>	Position applying for: <input type="checkbox"/> Clerk <input type="checkbox"/> Revenue Agent <input type="checkbox"/> Data Transcriber <input type="checkbox"/> TRR/TSS <input type="checkbox"/> Tax Examiner <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Contact Representative _____
Aliases <i>(for example maiden name or other last names used)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> A - Asian <input type="checkbox"/> W - White <input type="checkbox"/> B - Black <input type="checkbox"/> U - Unknown <input type="checkbox"/> I - Indian	Eye color <i>(excluding colored contacts)</i> <input type="checkbox"/> BLK - Black <input type="checkbox"/> HAZ - Hazel <input type="checkbox"/> BLU - Blue <input type="checkbox"/> MAR - Maroon <input type="checkbox"/> BRO - Brown <input type="checkbox"/> PNK - Pink <input type="checkbox"/> GRN - Green <input type="checkbox"/> XXX - Unknown <input type="checkbox"/> GRY - Gray	Hair color <input type="checkbox"/> BAL - Bald <input type="checkbox"/> RED - Red <input type="checkbox"/> BLK - Black <input type="checkbox"/> SDY - Sandy <input type="checkbox"/> BLN - Blond <input type="checkbox"/> WHI - White <input type="checkbox"/> BRO - Brown <input type="checkbox"/> XXX - Unknown <input type="checkbox"/> GRY - Gray
Height <i>(feet and inches)</i>	Weight <i>(pounds)</i>	Place of Birth <i>(State, Country)</i>
Resident address <i>(street number and name; do not use P.O. Box)</i>		Scars, Marks, Tattoos
City	State	Zip Code

Security Entry and Tracking System (SETS) Activity Log

(For Personnel Office Use Only)

Name (<i>Applicant/Employee</i>)		Reason for fingerprinting*
EOD (or date entered new position)		POD
Business Unit (<i>i.e. AWSS, SBSE, WAGE, etc.</i>)		<input type="checkbox"/> Live Scan number _____ <input type="checkbox"/> Ink and Roll
SOI	SON	* If courtesy print - please FAX servicing personnel office consent form within 24 hours

Fingerprints

Forms

Action	Date	Entered into Live Scan or SETS (<i>EE initials</i>)	Action	Date	Entered into SETS (<i>EE initials</i>)
FP Taken by: EE Name _____ SOI _____ Phone number _____			Investigation package EE		
FP Taken by Courtesy Personnel Office: EE Name _____ SOI _____ Phone number _____			Returned by EE		
			Follow-up (<i>if applicable</i>)		
BIO entered into live scan by:			Review by QR		
SETS Applicant Record Built			Investigation initiated and type of investigation		
Transmitted/Mailed					
SETS update not allowed			Return unaccept		
Returned			Resubmitted		
Resubmitted					
CCT Received			Investigation complete/ Prior Investigation		
			New investigation not required		

Date

Comments
