

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FL

Human Resources  
Fingerprinting Department

Welcome to our District Osceola!

## **STEP 1: Osceola District - Fingerprinting Packet**

(Please be informed that you have two different sets of instructions/steps to complete in order to be in compliance with your fingerprinting process. We kindly request don't alternate the order of the steps to follow).

The following are forms that must be completed and returned as soon as possible:

Once completed, you must return the fingerprint packet (attached) to the secure link provided in your email along with 2 forms of identification as follows: State ID (Current Driver's License), as a second identification (Social Security Card). (Names must match on both forms of identification).

**Important:** Before you return the fingerprint packet via the secure link, please make sure that the requested forms have been completed properly and identifications are included.

Please be aware that you will not be cleared or processed until we receive the completed fingerprint packet, Identifications and the clearance is received from Field print – FBI and FDLE.

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

801 Bill Beck Blvd. Kissimmee, FL 34744

<b>SOCIAL SECURITY NUMBER</b>	_____ - _____ - _____
<b>FIRST NAME, MIDDLE NAME, LAST NAME</b>	
<b>ALIASES or MAIDEN NAME</b>	
<b>POSITION - Check One</b>	<input type="checkbox"/> <b>Vendor (Outside Contractor)</b>
	<input type="checkbox"/> <b>Sports Official</b>
<b>DATE OF BIRTH</b>	Month: _____ Day: _____ Year: _____
<b>PLACE OF BIRTH</b>	
<b>COUNTRY OF CITIZENSHIP</b>	
<b>HEIGHT</b>	Feet: _____ ' - Inches: _____ "
<b>WEIGHT</b>	Pounds: _____
<b>RACE</b>	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian
	(Hispanic) - Check One - <input type="checkbox"/> White <input type="checkbox"/> Black
	(American Indian, Eskimo, Alaskan Native) - <input type="checkbox"/> Native American
<b>GENDER - Check One</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>EYE COLOR - Check One</b>	<input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Brown
	<input type="checkbox"/> Maroon <input type="checkbox"/> Gray <input type="checkbox"/> Green
	<input type="checkbox"/> Hazel <input type="checkbox"/> Pink <input type="checkbox"/> Multi-Colored
<b>HAIR COLOR - Check One</b>	<input type="checkbox"/> Black <input type="checkbox"/> Blonde/Strawberry
	<input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red
	<input type="checkbox"/> Bald <input type="checkbox"/> Sandy <input type="checkbox"/> White
<b>CURRENT HOME ADDRESS (No PO Box)</b>	<b>Street:</b>
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>HOME or CELL PHONE NUMBER</b>	
<b>COMPANY or ASSOCIATION NAME</b>	UCP of Central Florida
<b>COMPANY ADDRESS</b>	<b>Street:</b> 1820 Armstrong Blvd
	<b>City:</b> Kissimmee <b>State:</b> FL <b>Zip Code:</b> 34741
<b>COMPANY PHONE NUMBER</b>	(407) 852-3300
<b>CONTACT PERSON</b>	<b>Name:</b> Khoi Nguyen
<b>DIRECT SUPERVISOR'S EMAIL</b>	credentialing@ucpcf.org
<b>TYPE OF BUSINESS</b>	
<b>SUB CONTRACTOR NAME (If any)</b>	
<b>SUB CONTRACTOR ADDRESS</b>	<b>Street:</b>
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>SUB CONTRACTOR PHONE NUMBER</b>	(      )
<b>CONTACT PERSON</b>	
<b>Current School District Employee</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SIGNATURE</b>	
<b>TODAY'S DATE</b>	____ / ____ / ____



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">           Additional Information         </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

## AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

**APPLICANT WAIVER AGREEMENT**  
**AND STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (*enter Name of Non-Criminal Justice Agency*) Osceola School District to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) 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 Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record 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 am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. 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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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**ORIGINAL- MUST BE RETAINED BY NON-CRIMINAL  
JUSTICE AGENCY**

# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Human Resources & Employee Relations

## CONSENT TO RELEASE INFORMATION

I, \_\_\_\_\_, hereby authorize any and all Federal, State, and Local government or civil agencies, educational institutions, present or former employees and individuals who may have information on me in their records or files or by virtue of personal knowledge, to release such Information as may be legally released under the Freedom of information Act, the Fair Credit Reporting Act, and other applicable Federal or State laws.

I understand that any and all information released to the Osceola School District by any agency, institution, or individual shall be made known exclusively to **(Charter School Name)** \_\_\_\_\_. Further, I do hereby release, absolve, and agree to forever hold harmless, Osceola School District, their agents, officers, contractors, and employees as well as any and all agencies, persons and / or institutions who furnish information on me, from any and all liability. This also applies to any and all suites, actions, or causes of actions (including negligence) at law, claim, or demand of liability which I, my successors, assigns, heirs, executors, or administrators have now or may ever have resulting directly, indirectly, or remotely from said agencies, institutions or individuals having furnished information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### NOTARY:

State of \_\_\_\_\_  
County of \_\_\_\_\_ (County where notarization occurred)

Sworn to (or affirmed) and subscribe by personally appearing before me \_\_\_\_\_ by physical presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

Notary Stamp Here:

\_\_\_\_\_  
(Signature of notary public)

\_\_\_\_\_  
(Name of notary public)

My Commission expires: \_\_\_\_\_

Personally know: \_\_\_\_\_

Or Produced Identification: \_\_\_\_\_

Type of identification produced: \_\_\_\_\_

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC Guidelines.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Maiden \_\_\_\_\_

Race \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_ Telephone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_





**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA**  
**CHARTER SCHOOL EMPLOYEE**  
**ACTION FORM**

**NEW EMPLOYEE: BRING THIS FORM TO FINGERPRINT SESSION**  
**FOR CURRENT EMPLOYEE STATUS CHANGE: SEND THIS FORM TO DISTRICT CERTIFICATION OFFICE**

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Alien Registration # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Phone \_\_\_\_\_

Charter School Name \_\_\_\_\_ **Facility#** \_\_\_\_\_

Employee Physical Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**STATUS** (Complete all applicable sections):

**Select one**  $\Rightarrow$   ADMINISTRATOR  INSTRUCTIONAL  PROFESSIONAL SUPPORT STAFF  SUBSTITUTE TEACHER

**Position/Subject Name** \_\_\_\_\_ **Job Code #** \_\_\_\_\_

**Position Start Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **New work email:** \_\_\_\_\_

Course Code Number(s) \_\_\_\_\_

New Allocation  Replacement For \_\_\_\_\_ Exit Date \_\_\_\_\_

Transfer Within Same Charter Company (**must also provide new course code numbers**):

Sending School \_\_\_\_\_ Receiving School \_\_\_\_\_  
 (School Facility # and Name) (School Facility # and Name)

Position/Subject Change New Course Code Number(s) \_\_\_\_\_

Termination\*  Resignation\*  Retirement\* Exit Date \_\_\_\_\_

**\*MUST COMPLETE EXIT INTERVIEW ONLINE AT: <http://myexitinterview.osceola.k12.fl.us/>**

\_\_\_\_\_  
**EMPLOYEE SIGNATURE** **DATE** **PRINCIPAL/DIRECTOR SIGNATURE** **DATE**

**DISTRICT HUMAN RESOURCES DEPARTMENT ONLY**

Human Resources Routing (Staff Initials and Date):

- |   |                                   |
|---|-----------------------------------|
| 1. Fingerprinting _____                   | 3. Staffing _____                 |
| 2. Certification Enrollment Session _____ | 4. Certification Checksheet _____ |