

BENTON COUNTY SHERIFF'S OFFICE

Administrative Office

1301 SW 14th Street

Bentonville, Arkansas

Application for Jail Ministry

Personal Information

Last Name	First Name	Middle	Maiden
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Please print

Address: _____
Street/Route/Box Number City State Zip

Cell Phone: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Social Security Number: _____ Drivers License Number: _____

List any other names used (i.e., nicknames, last names, etc.): _____

Name of Spouse: _____ Spouse Work Phone: _____

Please provide your Social Security Card and Drivers License

Emergency Contact

Name: _____ Relationship _____

Address _____ Phone: _____

I agree to visit the inmates a minimum of 12 times per year Yes _____ No _____

_____ Signature of applicant _____ Date

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Authorization to Release Information

I, _____, am an applicant for employment with the BENTON COUNTY SHERIFF'S OFFICE. In order to process my application, certain information must be made available to the Sheriff of Benton County, Arkansas. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Sheriff of Benton County or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Sheriff or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Sheriff or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. **I fully understand that I will be fingerprinted and that my fingerprints will be submitted to the FBI (Federal Bureau of Investigations) and the ASP (Arkansas State Police) for the purpose of running a criminal history check.**

Signature _____

Date

AFFIDAVIT

I, _____, being first duly sworn, deposes and says as follows: I am the person who executed the above authorization. I understand it's meaning, intention, and effect, and that the statements therein made are true and correct.

Signature _____

Subscribed and sworn to before me this _____ day of _____,

Commission Expiration

Notary Public

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References

Name: _____ Relationship _____

Address _____ Phone: _____

Email Address: _____

Name: _____ Relationship _____

Address _____ Phone: _____

Email Address: _____

Name: _____ Relationship _____

Address _____ Phone: _____

Email Address: _____

What Church or religious organization are you affiliated with? _____

Pastor

Name: _____ Years acquainted _____

Address _____ Phone: _____

A letter of endorsement from your religious leader must be on file.

Other Requirements(Copies):

Birth Certificate or Passport

Drivers License

Social Security Card

Consent & Challenge Form

CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS
CONSENT AND CHALLENGE

As an applicant who is the subject of a national fingerprint-based criminal history record check for criminal justice employment, you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for criminal justice employment must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (*or decline to do so*) before the officials deny you employment based on information in the criminal history record.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not 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.

- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge.
- If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the local agency that contributed the questioned criminal record information to the FBI.

Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the local agency that contributed the questioned criminal record information. At this time, the FBI will request the local agency to verify or correct the questioned criminal record information that is being challenged. Upon receipt of an official communication from that local agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

I _____ acknowledge that I have been provided a copy of the Privacy Rights pertaining to the fingerprint-based criminal history check for criminal justice employment. I also understand my right and the procedures to challenge the accuracy or completeness of my criminal history.

Signed _____

Date _____

(Note to Agency: Provide a copy of this document to the applicant)