



FOSTER POLICE DEPARTMENT

182 Howard Hill Road, Foster, Rhode Island 02825

Ph# 401-397-3317 Fax# 401-397-8731

Chief Gina Lindell

INSTRUCTIONS FOR FINGERPRINT APPLICANTS

FOSTER RESIDENT ONLY

- 1) Applicant must schedule an appointment
- 2) Applicant must provide a letter from the agency that is requesting the *fingerprints*.
The letter must have the applicant's **Full Name** and **Date of Birth** listed.
- 3) The applicant must provide one (1) form of identification (picture ID).
This can be a valid driver's license, a valid U.S. passport, or a valid State Identification card.
- 4) If the fingerprints require a fee, a check **ONLY** will be accepted made payable to **Town of Foster**.
- 5) Applicant must complete a **Foster Police Disclaimer** form located on page 2.

FINGERPRINTS REQUIRED

<u>EMPLOYMENT</u>	<u>FEE</u>	<u>R.I. STATUTE</u>
Adoption	\$50	15-7-11
Child Care / Day Care (Employees Only)	\$50	40-13.2-5
DCYF Employees (charge for new employees only)	\$50	40-13.2-5.2
Firefighter Employment	\$50	45-2-3.4
Foster Care	N/C	14-1-34
Massage Therapist	\$50	23-20.8-3
Medical Marijuana Caregiver/Authorized Purchaser	\$50	21-28.6-14
Marijuana Cultivator	\$50	21-28.6-16
Mental Health Facilities	\$50	40.1-25.1-3
Religious Organizations- Employees AND Volunteers	\$50	12-1-7
School Employees	\$50	16-2-18.1

Please note: if the applicant needs a background check in addition to the fingerprints, the \$5.00 fee is waived

INSTRUCTIONS FOR BCI BACKGROUND CHECK

FOSTER RESIDENT ONLY

- 1) Applicant must schedule an appointment
- 2) Applicant must provide a letter from the agency that is requesting the *background check*.
The letter must have the applicant's **Full Name** and **Date of Birth** listed.
- 3) The applicant must provide one (1) form of identification (picture ID).
This can be a valid driver's license, a valid U.S. passport, or a valid State Identification card.
- 4) The fee for a background check is \$5.00. A check will be accepted made payable to **Town of Foster**.
- 5) Applicant must complete a **Foster Police Disclaimer** form located on page 2.

NO FINGERPRINTS REQUIRED

<u>EMPLOYMENT</u>	<u>FEE</u>	<u>R.I. STATUTE</u>
SCHOOL VOLUNTEERS	\$5.00	16-2-18.4

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license) 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 record of the FBI.

* If you have a criminal history record, the officials making a determination of your suitability for the job or license must provide you the opportunity to complete or challenge the accuracy of the information in the record.

* We are advising you that the procedure for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

* If you have a criminal history record, you will be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job or license 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 retrain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the Nation Crime Prevention and Privacy Compact Council.

If the agency permits, the officials may provide you with a copy of your FBI criminal history record for review and possible changes.

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://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 agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency.

BCI WAIVER FORM and/or FINGERPRINT AUTHORIZATION FORM

School/Company Name: _____

School/Company Address: _____

☐ **BCI BACKGROUND CHECK ONLY** ☐ **FINGERPRINTS/BCI BACKGROUND CHECK**

Name: _____

Last

First

Middle

(Maiden name)

Address: _____

Phone #: _____

Date of Birth: _____

Social Security # _____

Sex: _____ Race: _____

Height: _____

Weight: _____

Eyes: _____ Hair: _____ Place of Birth (State): _____ U.S. Citizen: YES ☐ NO ☐

** REASON FOR FINGERPRINTING

PLEASE CHECK ONE

<input type="checkbox"/> Medical Marijuana	<input type="checkbox"/> DCYF Employee	<input type="checkbox"/> Massage Therapist
<input type="checkbox"/> Mental Health Facilities	<input type="checkbox"/> School Employee	<input type="checkbox"/> Firefighter Employment
<input type="checkbox"/> School Volunteer(BCI only)	<input type="checkbox"/> Other (specify) _____	

I hereby direct and authorize the Foster Police Department to obtain from the Bureau of Criminal Identification for the State of Rhode Island, a criminal record that the Bureau of Criminal Identification has on file in reference to me. I further authorize the Foster Police Department to release this information to the above listed company, firm or individual where I will be working or volunteering.

I hereby waive and release any and all manner of actions, causes of actions and demands of every kind, nature and description arising from any release of criminal records and requests therefore; whatsoever, against the State of Rhode Island, Bureau of Criminal Investigation, the Attorney General, the employees of the Attorney General's Office, the Town of Foster, the Foster Police Department and the employees of the Foster Police Department, in both law and equity which I may now have or in the future may have.

Signature of Applicant

**** FOR POLICE USE ONLY ****

Fingerprint Record Results

On _____, The person listed above responded to the Foster Police Department for fingerprint services.

Officer _____ conducted the fingerprint services and the following information was concluded.

☐ Subject has a Fingerprint Record or Disqualifying Record ☐ Subject has No Fingerprint Record or No Disqualifying Record

Officer's Signature

Date

☐ **FINGERPRINTS** ☐ **PRINT CARDS** ☐ **BCI ONLY** ☐ **IDENTIFICATION: (Please attach valid picture ID with application)**

CALL# _____ FEE: ☐ CASH ☐ CHECK # _____