

BACKGROUND CHECK PROCESS

**Huntsville School District
P.O. Box F
Huntsville, AR 72740
479-738-2011**

Arkansas State, FBI, and Child Maltreatment Central registry background checks are required for licensure, classified employment, or transfer of employment. Follow the instructions below to complete all required paperwork and pay fees.

1. DHS Child Maltreatment Central Registry – Fill out Authorization Form on last page of packet and get it notarized. Mail form along with \$10 **check or money order** to address shown on form.
2. Arkansas State Police and FBI Background Checks Payment – Go online to <http://www.ar.gov/ADEbackground> and follow these directions to pay \$38.25 for the ASP and FBI background checks using a **debit or credit card only**:
 - a. Choose Huntsville School District. The Verification Code for HSD is 4401000.
 - b. Reason Fingerprinted - be sure to **choose the correct reason**

*Reason Fingerprinted

*Email Address

Choose Reason

Choose Reason

EDUC Employment (Classified)

EDUC Employment (Fiscal Officer)

EDUC Employment (Substitute Teacher)

EDUC Licensed (Teacher) Transfer of employment

EDUC Teacher (Licensure, Renewal, Lifetime)

EDUC Teacher (Pre-Service)

- c. Enter email address and click **Submit** button to go to the next page.
- d. Fill in all required fields.
- e. Complete payment summary page and click **Confirm** button.
- f. After verifying the information click the **Submit** button to complete the transaction.
- g. A printable receipt (example shown below) will appear with a transaction number at the bottom. The live scan site must have this **transaction number** to complete the FBI fingerprinting.
- h. Once you have made your payment, **print the receipt** as you will need to take it with you when you go to the Live Scan site to be fingerprinted.

3. Fingerprinting Appointment - Call the Northwest Arkansas Education Service Cooperative (NWAESC) at **479-267-7450** to schedule an appointment for the live scan fingerprinting. **FYI:** Your appointment **must be scheduled within 14 days** of paying the online fee and obtaining the transaction number or this submission will expire and you will have to pay the fee again.

4. Background Check Consent/Fingerprinting Request Form – Go to <http://adeaels.arkansas.gov/AelsWeb/Consent/Consent1.aspx> and fill out the form. Print the form when completed as you will need to take it with you when you go to the live scan site. You may download the form to a mobile device.

5. Go to the live scan site at the NWAESC, 4 North Double Springs Road, Farmington, AR to be fingerprinted. You will need to bring the following items with you:
 - a. Background Check Consent Form
 - b. Receipt from online payment (transaction number)
 - c. A Form of Government Issued photo ID such as your Driver's License

It is advised that you make a copy of all documents for your personal records.

If you have any questions, please contact:

Mary Yates
HSD Employee Services
myates@1hsd.org
479-738-2011

ONLY FOR ARKANSAS DEPARTMENT OF EDUCATION USE
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

By the Arkansas Child Maltreatment Central Registry

Applicant Instructions: Complete this form, have it notarized, and submit a personal check, cashier's check OR a U.S. money order for \$10.00 made payable to the Arkansas Department of Human Services. DO NOT SEND CASH OR A TEMPORARY CHECK- YOUR REQUEST WILL NOT BE PROCESSED. Make and keep a copy of this form for your records.

PLEASE allow four weeks before contacting the Arkansas Department of Education concerning completion of your report.

INCOMPLETE OR UNNOTARIZED FORMS WILL NOT BE PROCESSED BY THE CENTRAL REGISTRY OR THE ADE!

Mail this notarized form and the fee payment to: **Arkansas Child Maltreatment Central Registry** Applicant- Check Only One:
P.O. Box 1437, Slot S 566 Licensed Teacher
Little Rock, Arkansas 72203 Non-licensed/Classified

Applicant's full name (print or type): _____
First Middle Last

List ALL other names used: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Birth Date (Month/Day/Year): _____ Age: _____ Race/ethnicity: _____ Gender: _____

Applicant's mailing address: _____ Physical Address: _____
Street or P.O. Box Street
City State Zip Code City State Zip Code

Applicant's phone number : _____ (home) _____ (cell) _____ (other)

List the full name and date of birth (Month/Day/Year) for **all** of the applicant's children, attach additional paper if necessary:
(Failure to list your children, may be considered fraud & result in the denial of application)

- | | | |
|----|--------------------|------------------------|
| 1. | Child's Full Name: | Child's Date of Birth: |
| 2. | Child's Full Name: | Child's Date of Birth: |
| 3. | Child's Full Name: | Child's Date of Birth: |

School District Contact Person District Phone Number District Fax

School Mailing Address School District LEA #

I hereby request that the Arkansas Child Maltreatment Central Registry release any information their files may contain indicating the undersigned applicant as an offender of a true report of child maltreatment to the **ARKANSAS DEPARTMENT OF EDUCATION**. **By signing below, I swear or affirm that the foregoing statements are true to the best of my knowledge and belief under penalty of perjury.**

Applicant's Signature: _____ Date _____

State of _____ County of _____

On this the _____ day of _____, 20____, before me, _____ (name of notary), the undersigned notary, personally appeared _____ (**applicant's name**) known to me (or satisfactorily proven) to be the person whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Notary Public: _____

My Commission Expires: _____