

THE SCHOOL BOARD OF CHARLOTTE COUNTY, FLORIDA  
HUMAN RESOURCES  
1445 EDUCATION WAY, PORT CHARLOTTE, FL 33948  
PHONE (941) 255-0808 FAX (941) 255-7569

**CONTRACTOR APPROVAL PROCESSING FORM**

**Instructions:** Completion of this form is required to process the candidate in addition to the request on letterhead. Complete a separate form for each new contracted employee. Fax completed form to the Human Resources Office at (941) 255-7569.

Company \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle Initial

SSN xxx-xx-xxxx \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

Race:  Asian  Black  Hawaiian/Pacific Islander  American Indian/Alaskan Native  White Ethnicity:  Hispanic  Non-Hispanic

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Position:  Contractor Position/Work: \_\_\_\_\_

**CCPS Email Required** Yes No

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

I hereby authorize Charlotte County Public Schools 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.

My name and date entered in the appropriate space below will serve as an electronic signature and will be considered an original when printed from electronic records.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

My name and date entered in the appropriate space below will serve as an electronic signature and will be considered an original when printed from electronic records.

\_\_\_\_\_  
Company Hiring Supervisor Name(Print)

\_\_\_\_\_  
Company Hiring Supervisor Signature

\_\_\_\_\_  
Date