



Completing Criminal Background Checks and Fingerprinting

User Guide for Child Care Staff and Volunteers

April 2025

How to use this guide

- All child care providers, employees, prospective employees prior to starting employment and volunteers must have a criminal background check through the Office of the State Superintendent of Education (OSSE)-mandated process, every three years.
- Child care staff and volunteers should follow the steps in this guide to complete their criminal background check using the ApplicationStation and Fieldprint platforms.
- For questions, contact OSSE.ChildCareLicensing@dc.gov.

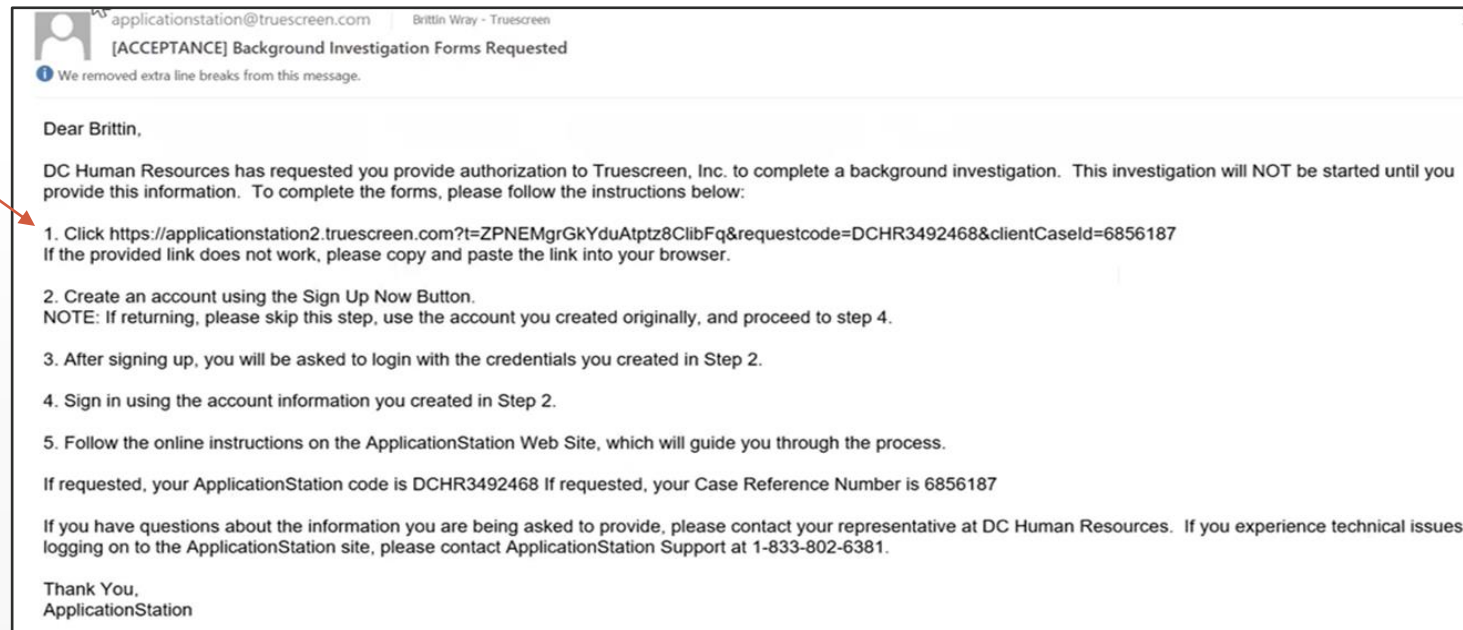


Part I: ApplicationStation

Step 1: Access your unique link from ApplicationStation

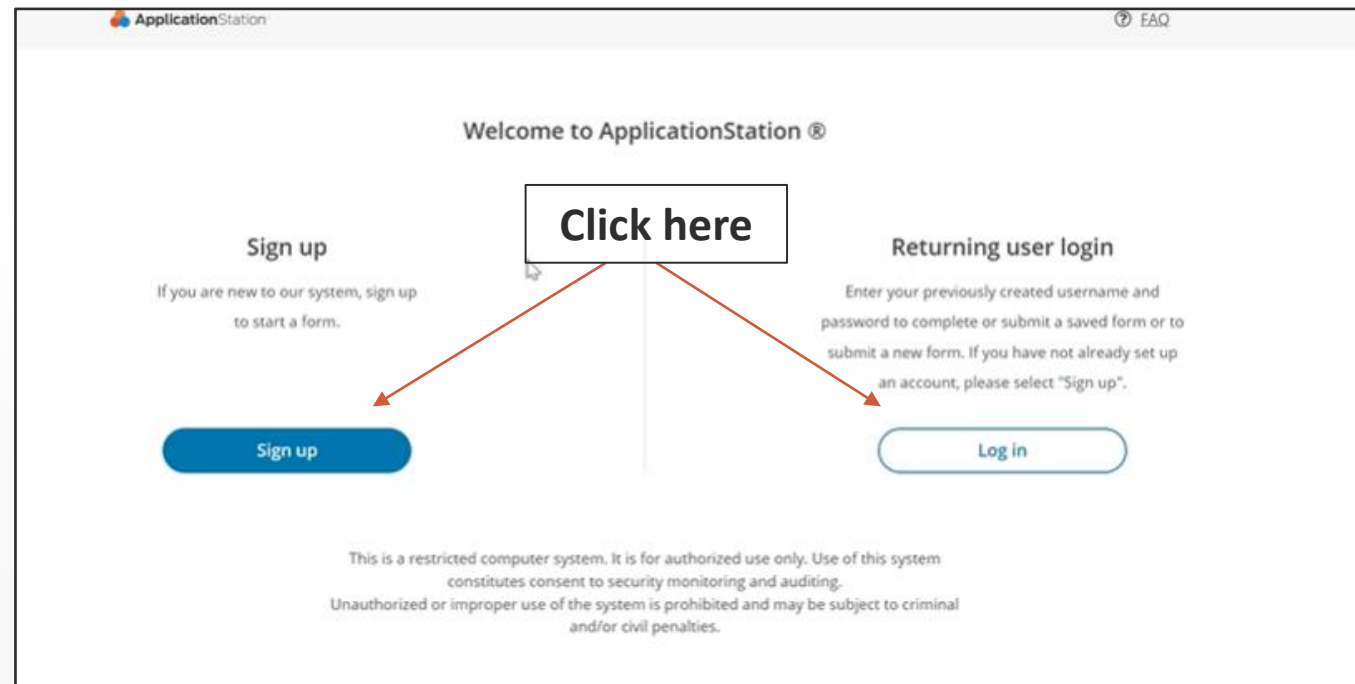
- You will receive an email from applicationstation@truescreen.com. The email will include information on how to complete a background investigation from ApplicationStation.
- The email invitation includes a unique link that is specific to your case number. Do not share your unique link with others.
- Click your unique link 1. If the link does not work, copy and paste it into your browser.

Click here



Step 2: Sign up or Log in

- After you click the URL from the invitation email, you will be directed to the ApplicationStation login page.
- If it is your first time accessing ApplicationStation, click **Sign up**.
- If you have previously used ApplicationStation, click **Log in**.



Step 3: Complete E-Sign Act Disclosure and Consent

- If you select **Sign Up**, you will need to complete the E-sign Act Disclosure and Consent form.
- Read the Consent Agreement and click **I agree**.

The screenshot shows the 'E-SIGN Act Disclosure and Consent' form on the ApplicationStation website. At the top, a progress bar indicates three steps: 1. Read and accept rules (active), 2. Create Account, and 3. Verify Account. The main heading is 'E-SIGN Act Disclosure and Consent ("Consent Agreement")'. Below this, a paragraph explains the user's rights under the E-Sign Act. A section titled '1. Intent to Use Electronic Signatures' states that clicking 'I AGREE' constitutes an electronic signature. To the right, there is a disclaimer in smaller text. Below the disclaimer, a link allows users to download the agreement as a PDF. At the bottom, there are two buttons: 'I do not agree' and 'I agree'. A red arrow points from a 'Click here' callout box to the 'I agree' button.

ApplicationStation

1 Read and accept rules 2 Create Account 3 Verify Account

E-SIGN Act Disclosure and Consent ("Consent Agreement")

Pursuant to the Federal Electronic Signatures in Global and National Commerce Act ("E-Sign Act"), you have a right to receive any disclosures or notices in a non-electronic form. Before providing electronic signatures or obtaining legally required disclosures and notices electronically, please review and indicate your acceptance of the terms below. If you do not accept these terms or do not agree to the use of electronic disclosures and signatures, we will provide you with, or make available to you, any required disclosures on paper or non-electronic form at no additional charge to you.

1. Intent to Use Electronic Signatures

By clicking the "I AGREE" button below—which you hereby adopt as your electronic signature—you affirmatively consent and agree that you are signing this Consent Agreement electronically and your electronic signature on agreements and documents has the same effect as if you signed them in ink. You further agree that your electronic signature is the legal equivalent of your manual signature and will continue to be throughout the background screening process.

By clicking the "I AGREE" button below, you agree to the use of electronic signatures, such as your act of clicking, checking or otherwise manifesting your

acknowledged in writing by both parties. This agreement contains the entire understanding between the parties with respect to the subject matter hereof and supersedes all prior and contemporaneous agreements and understandings between the parties with respect to the subject matter hereof, whether written or oral.

If you have not already done so, you should print or save a copy of this Agreement for your future reference.

To print a copy of this Agreement, click [HERE](#).

To save a copy of this Agreement, click [HERE](#).

BY CLICKING ON THE "I AGREE" BUTTON BELOW, YOU ACCEPT THIS AGREEMENT AND ASSENT TO AND AGREE TO BE LEGALLY BOUND BY ITS TERMS AND CONDITIONS AS IF YOU HAD SIGNED A HARD COPY VERSION OF IT IN INK. IF YOU DECLINE THIS AGREEMENT, THEN CLICK ON THE "I DO NOT AGREE" BUTTON, AND YOU WILL NOT BE PERMITTED TO ACCESS OR USE THE SERVICE.

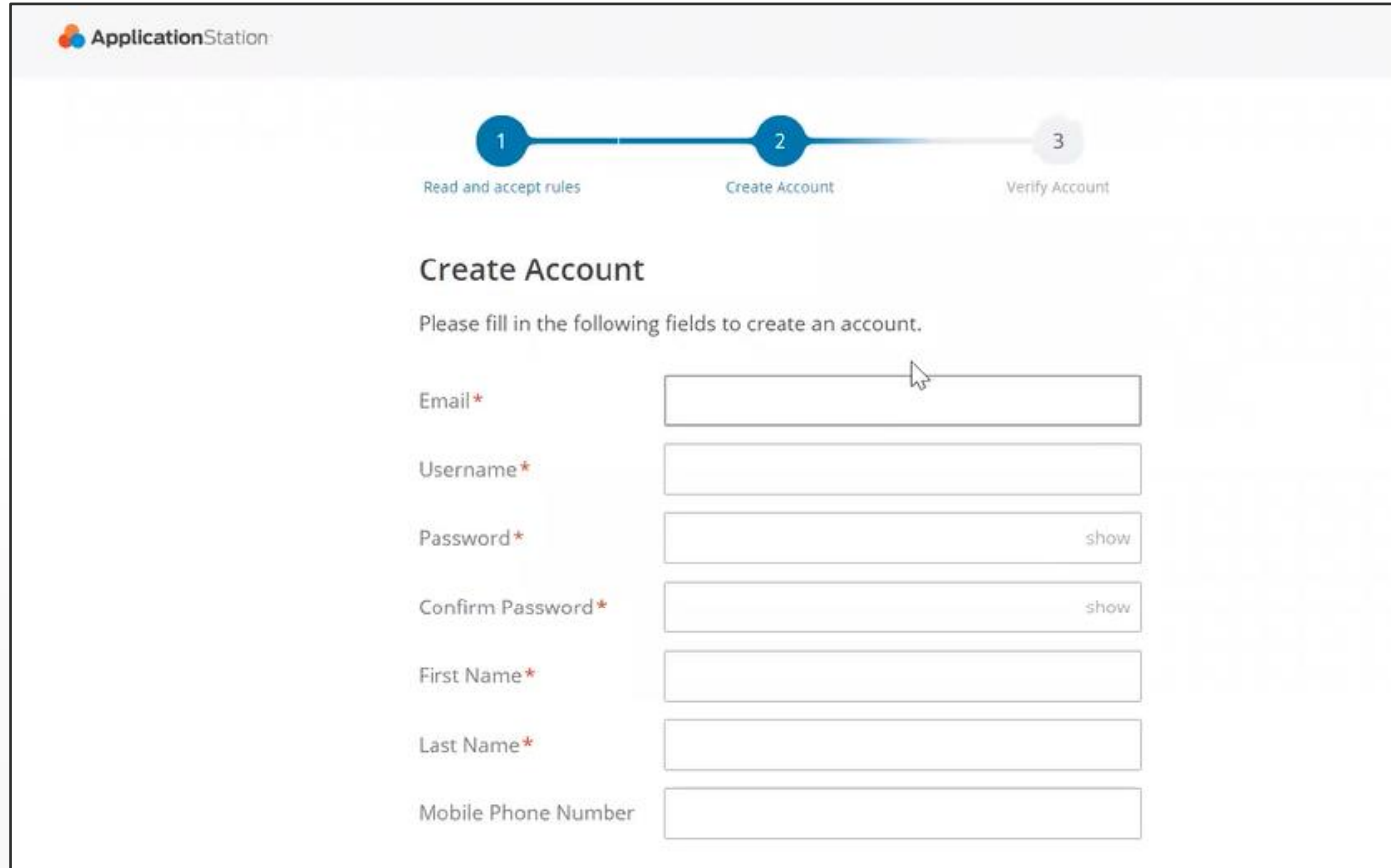
You can download the "Consent Agreement" as a PDF file.

Consent Agreement.pdf (46 K) [Download](#)

Click here

Step 4: Create Account

- Complete all the fields with an asterisk.



The screenshot shows the 'ApplicationStation' interface for creating an account. At the top, a progress bar indicates three steps: 1. Read and accept rules, 2. Create Account (currently active), and 3. Verify Account. Below the progress bar, the title 'Create Account' is displayed, followed by the instruction 'Please fill in the following fields to create an account.' The form contains seven input fields, each with a red asterisk indicating it is required: Email, Username, Password, Confirm Password, First Name, Last Name, and Mobile Phone Number. The Password and Confirm Password fields include a 'show' link to toggle visibility. A mouse cursor is positioned over the Email input field.

ApplicationStation

1 2 3

Read and accept rules Create Account Verify Account

Create Account

Please fill in the following fields to create an account.

Email*

Username*

Password* show

Confirm Password* show

First Name*

Last Name*

Mobile Phone Number

Step 4: Create Account (cont.)

- Complete the Security Questions and click **Continue**.
- Once you have created an account you can log out and return as necessary.

ApplicationStation

Security Questions

Please select three security questions and provide answers in the boxes below. Your answer(s) cannot contain your username, password, email address or security question.

Security Question 1 *

Answer 1 *

Security Question 2 *

Answer 2 *

Security Question 3 *

Answer 3 *

Click here

Step 5: Start a New Form

- After you log in, you will be brought to the My Forms page. Click **Start New Form**.
- If you are a returning user and want to finish completing a form you previously started, click **Continue**.

ApplicationStation English | Contact Us | FAQ | Last Login: Apr 12, 2023 3:34 PM

My Forms

Below you can view completed forms, continue with a previously started form or submit a new form.

If your form is In Progress - this means that it has not yet been submitted and can still be changed. Click on the Continue button to finish and submit the form.

If your form is Completed - this means it has been submitted and cannot be changed. Click on the View button to review the completed and submitted form.

Start a New Form - You are able to start a new form as long as you do not have one in progress for the same ApplicationStation Code. Click the Start New Form button to begin a new form.

Forms

DC Human Resources

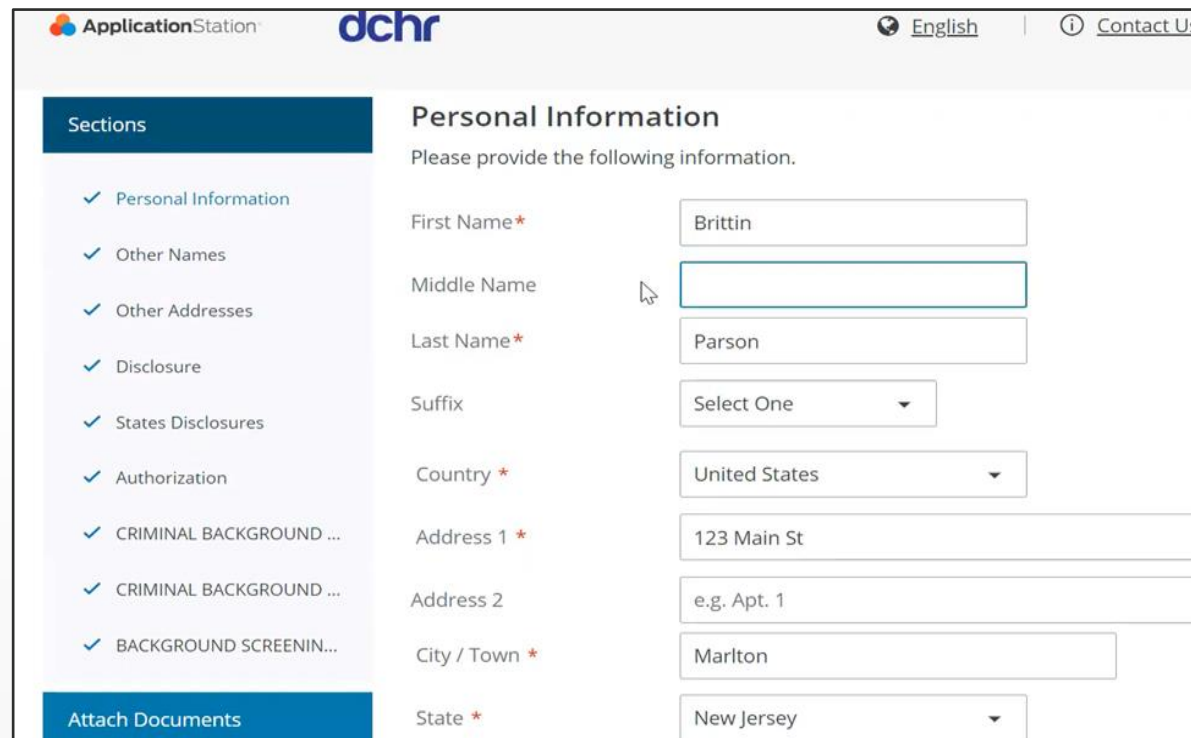
Started on	Apr 12, 2023
ApplicationStation Code	DCHR3492468
Form Status	In Progress
Report Status	Not Completed

+ Start New Form **Continue**

Click here

Step 6: Insert Your Personal Information

- Complete the Personal Information section. All fields with an asterisk are required.
- Click **Save & Continue** →.



The screenshot shows the 'Personal Information' section of the dchr ApplicationStation. The left sidebar lists sections with checkmarks: Personal Information, Other Names, Other Addresses, Disclosure, States Disclosures, Authorization, CRIMINAL BACKGROUND ..., CRIMINAL BACKGROUND ..., and BACKGROUND SCREENIN... The main form area is titled 'Personal Information' and asks the user to provide the following information. Fields include: First Name * (Brittin), Middle Name (empty), Last Name * (Parson), Suffix (Select One), Country * (United States), Address 1 * (123 Main St), Address 2 (e.g. Apt. 1), City / Town * (Marlton), and State * (New Jersey). The 'Attach Documents' button is at the bottom left.

Field	Value
First Name *	Brittin
Middle Name	
Last Name *	Parson
Suffix	Select One
Country *	United States
Address 1 *	123 Main St
Address 2	e.g. Apt. 1
City / Town *	Marlton
State *	New Jersey

Step 7: Other Names

- If there are any other names you are known by or have used, including a maiden name, select **Yes**. Then click **+ Add Other Name**.
- If you do not have other names, select **No**. Then click **Save & Continue** →.

ApplicationStation[®] dchr

English | Contact Us | FAQ | Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Other Names

Are there any other names you are known by or have used (including maiden name, if applicable)? *

☒ Yes ☐ No

Please list any other names by which you are or have been known. Include maiden names where applicable.

Other Names

There are currently no names listed.

[+ Add Other Name](#)

Click here

Click here

Step 7: Other Names (cont.)

- If you selected Yes, provide details about your other name and click **Add**.

The screenshot shows the 'Add Other Name' form in the dchr ApplicationStation. The form is titled 'Add Other Name' and includes a sub-header 'Please provide details about your other name.' The form fields are:

- First Name *: Brittin
- Middle Name: (empty)
- Last Name *: Parson
- Suffix: Select One (dropdown menu)

At the bottom of the form, there are two buttons: 'Cancel' and 'Add'. A red arrow points to the 'Add' button, and a label 'Click here' is next to it.

Step 8: Other Addresses

- If you have any other addresses, select **Yes**. Then click **+ Add Other Address**.
- If you do not have other addresses, select **No**. Then click **Save & Continue →**.

ApplicationStation[®] dchr English | Contact Us | FAQ Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Other Addresses

Do you have other addresses you would like to add?*

☐ Yes ☒ No

Nov, 2012 - Current

ⓘ This is your current address.
You are not able to delete it. If you need to edit it, please return to the Personal Information section.

Country	United States
Address 1	123 Main St
City / Town	Marlton
State	New Jersey
Zip Code	08053

Attach Documents

Review Summary

Submit Forms

Confirmation

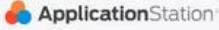





← Back **Save & Continue →**

Click here

Click here

Step 9: Read the Authorization Form

- Read the Authorization Form.

   English |  Contact Us |  FAQ 

Last Login: Apr 12, 2023 3:34 PM

Authorization

BACKGROUND SCREENING AUTHORIZATION FORM [FOR EMPLOYMENT PURPOSES]

I

Please be advised that we may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 et seq., is available at the Federal Trade Commission's web site (<http://www.ftc.gov>). For more information, including information about additional rights, go to www.consumerfinance.gov or write to: Consumer Financial Protection Bureau, PO Box 4503, Iowa City, IA 52244.

By signing below, I hereby authorize the company to obtain a consumer report and/or an investigative consumer report on me, and further authorize all entities having information necessary to complete a consumer report and/or investigative consumer report on me to release such information to the company or any of its affiliates or carriers, including: present and former employers; personal references; criminal justice agencies; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; departments of motor vehicles and motor vehicle records agencies; schools and learning institutions; licensing agencies; and credit bureaus and credit reporting agencies.

By signing below, I acknowledge the information that can be disclosed to the consumer reporting agency, if and only as allowed by law, includes information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, and professional credentials and licenses.

Step 10: Sign the Authorization Form (Option 1)

- There are two options to sign the Authorization Form. Select the option you prefer.
- Option 1: Use your mouse or touchpad (*this is the preferred method*).
 - Select **I will provide a mouse or touchpad signature (preferred method if possible)**.
 - Draw your signature in the space allocated and click **Apply signature**.

The screenshot shows the 'dchr' ApplicationStation interface. At the top, there are logos for 'ApplicationStation' and 'dchr', and a language selector set to 'English'. The main heading is 'Please choose a signature method. *'. There are two radio button options: the first is selected and reads 'I will provide a mouse or touchpad signature (preferred method if possible)', and the second is unselected and reads 'I will print and fax a signed copy of this authorization.'. Below the first option is a signature box labeled 'Your signature' containing a blue ink signature. Below the second option is a date field showing 'Apr 12, 2023'. At the bottom, there is a checkbox that is checked, followed by the text 'I, Brittin Parson, agree. *'. Three external callout boxes with red arrows point to specific elements: 'Click here' points to the first radio button, 'Sign here' points to the signature box, and another 'Click here' points to the 'I agree' checkbox.

Step 10: Sign the Authorization Form (Option 2)

- Option 2: Fax a signed copy.
 - Select **I will print and fax a signed copy of this authorization.**
 - Click **PRINT AUTHORIZATION FORM** to print and sign the document.
 - Click **I agree.**
 - Fax the signed authorization to 888-495-8476 within 24 hours of clicking “I agree.”

The screenshot shows the 'dchr' ApplicationStation interface. At the top, there are links for 'English', 'Contact Us', and 'FAQ', along with a 'Last Login' timestamp. The main content area contains a paragraph about background screening authorization. Below this, a section titled 'Please choose a signature method. *' has two radio button options. The second option, 'I will print and fax a signed copy of this authorization.', is selected. A callout box labeled 'Click here' points to this option. Below the radio buttons, a paragraph instructs the user to click 'PRINT AUTHORIZATION FORM' to print the form and fax it to 888-495-8476. Another callout box labeled 'Click here' points to this link. At the bottom, there is an 'I agree. *' checkbox. A third callout box labeled 'Click here' points to this checkbox. The text 'BY CLICKING THE "I AGREE" CHECK BOX BELOW, YOU INDICATE THAT YOU WILL PRINT AND FAX THIS AUTHORIZATION DOCUMENT WITHIN 24 HOURS. PLEASE NOTE: THIS STEP IS ONLY REQUIRED IF YOU ARE UNABLE TO SIGN OR SAVE THE ELECTRONIC SIGNATURE.' is located above the checkbox.

ApplicationStation[®] dchr English Contact Us FAQ Last Login: Apr 12, 2023 3:3

professional credentials and licenses.

By signing below, I acknowledge and agree that this Background Screening Authorization Form shall remain valid and in effect during the term of my contract and/or employment, subject to applicable laws, and authorize the company to obtain a consumer report and/or an investigative consumer report on me during the hiring process as well as at any time during the term of my employment and/or contract, where permitted by law.

Please choose a signature method. *

☐ I will provide a mouse or touchpad signature (preferred method if possible).

☒ I will print and fax a signed copy of this authorization.

Since you are unable to provide an electronic signature, please click [PRINT AUTHORIZATION FORM](#) to print a copy of the authorization form. Please fax this signed release to: 888-495-8476.

BY CLICKING THE "I AGREE" CHECK BOX BELOW, YOU INDICATE THAT YOU WILL PRINT AND FAX THIS AUTHORIZATION DOCUMENT WITHIN 24 HOURS.
PLEASE NOTE: THIS STEP IS ONLY REQUIRED IF YOU ARE UNABLE TO SIGN OR SAVE THE ELECTRONIC SIGNATURE.

☐ I agree. *

Step 11: Complete Criminal Background Check and Traffic Record Check Authorization

- Complete **Job Title**, **Agency (Facility Name)**, **Division (OSSE DEL)** and **Email** fields.
- Review and sign, then click **Save & Continue**.

The screenshot shows the 'ApplicationStation' interface for the 'dchr' (District of Columbia Department of Human Resources). The page title is 'CRIMINAL BACKGROUND CHECK AND TRAFFIC RECORD CHECK AUTHORIZATION'. The left sidebar lists sections: Personal Information, Other Names, Other Addresses, Disclosure, States Disclosures, Authorization, CRIMINAL BACKGROUND ..., CRIMINAL BACKGROUND ..., and BACKGROUND SCREENIN... The main content area displays the title 'CRIMINAL BACKGROUND CHECK AND TRAFFIC CHECK AUTHORIZATION' and the 'District of Columbia Department of Human Resources'. It includes a paragraph stating that pursuant to Chapter 4 of the D.C. Personnel Regulations, *Suitability*, an appointee, employee, or volunteer must complete and sign the acknowledgement and authorization contained in this form before undergoing an initial criminal background check and periodic criminal background checks and, if applicable, an initial traffic record check and periodic traffic record checks. Below this is a 'NOTIFICATION' section stating that the user has been appointed to, or currently occupies, a position that is subject to an initial criminal background check, periodic criminal background checks and, if applicable, an initial traffic record check and periodic traffic record checks. The notification continues: 'If you occupy this position through a temporary detail, promotion, reassignment, or transfer, you are subject to an initial criminal background check, periodic criminal background checks and, if applicable, an initial traffic record check and periodic traffic record checks during the time that you temporarily occupy this position. Information obtained from a criminal background check or a traffic record check will not immediately disqualify you or create a presumption against your employment or volunteer status but will be considered in conjunction with your official duties and responsibilities, and any applicable legal requirements.'

Step 12: Complete Criminal Background Disclosure Form

- Review, complete questions and sign. Then click **Save & Continue**.

The screenshot shows the 'ApplicationStation' interface for the 'dchr' (District of Columbia Human Resources) system. The user is logged in as 'Last Login: Apr 12, 2023 3:34 PM'. The main heading is 'CRIMINAL BACKGROUND DISCLOSURE FORM'. On the left, a 'Sections' sidebar lists: Personal Information, Other Names, Other Addresses, Disclosure, States Disclosures, Authorization, CRIMINAL BACKGROUND ... (highlighted), CRIMINAL BACKGROUND ..., and BACKGROUND SCREENIN... (with a mouse cursor). Below the sidebar is an 'Attach Documents' button. The main content area is titled 'CRIMINAL BACKGROUND DISCLOSURE FORM' and 'District of Columbia Department of Human Resource'. It contains a legal statement: 'By law, each employee, appointee, and unsupervised volunteer subject to a criminal background check is required to make an affirmation of his or her entire adult criminal history with respect to the following offenses:'. This is followed by a numbered list of 5 offenses: 1. Murder, attempted murder, manslaughter, mayhem, arson, assault, assault with a dangerous weapon, malicious disfigurement, threats to do bodily harm, including domestic violence, abduction, kidnapping, burglary, theft, robbery, illegal use or possession of a firearm, making threats to do bodily harm, or assault with the intent to commit any felony; 2. Fraud, computer/cybercrime, identity theft, forgery, embezzlement, or larceny; 3. Unlawful distribution or possession of or with intent to distribute an illegal drug; 4. Sex offenses, including but not limited to: indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; molesting; voyeurism; committing sexual acts in public; incest; rape; sexual assault; sexual battery or sexual abuse, but excluding sodomy between consenting adults; and 5. A crime against children, including corrupting minors (sexual relations with children), child abuse or neglect, child endangerment, cruelty to children, kidnapping, or abduction. Below this list is the section 'CRIMINAL BACKGROUND DISCLOSURE STATEMENT' with the instruction 'For each of the following questions, indicate either yes or no:'. The first question is 'Have you ever been convicted of any of the offenses listed above (items 1-5)?*'. The form is partially obscured by a blue bar at the bottom.

ApplicationStation dchr English | Contact Us | FAQ Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Attach Documents

CRIMINAL BACKGROUND DISCLOSURE FORM
District of Columbia Department of Human Resource

By law, each employee, appointee, and unsupervised volunteer subject to a criminal background check is required to make an affirmation of his or her entire adult criminal history with respect to the following offenses:

1. Murder, attempted murder, manslaughter, mayhem, arson, assault, assault with a dangerous weapon, malicious disfigurement, threats to do bodily harm, including domestic violence, abduction, kidnapping, burglary, theft, robbery, illegal use or possession of a firearm, making threats to do bodily harm, or assault with the intent to commit any felony;
2. Fraud, computer/cybercrime, identity theft, forgery, embezzlement, or larceny;
3. Unlawful distribution or possession of or with intent to distribute an illegal drug;
4. Sex offenses, including but not limited to: indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; molesting; voyeurism; committing sexual acts in public; incest; rape; sexual assault; sexual battery or sexual abuse, but excluding sodomy between consenting adults; and
5. A crime against children, including corrupting minors (sexual relations with children), child abuse or neglect, child endangerment, cruelty to children, kidnapping, or abduction.

CRIMINAL BACKGROUND DISCLOSURE STATEMENT

For each of the following questions, indicate either yes or no:

Have you ever been convicted of any of the offenses listed above (items 1-5)?*

Step 13: Complete Background Screening Form

- Review and sign, then click **Save & Continue**.

ApplicationStation[®] dchr English | Contact Us | FAQ Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

BACKGROUND SCREENING FORM

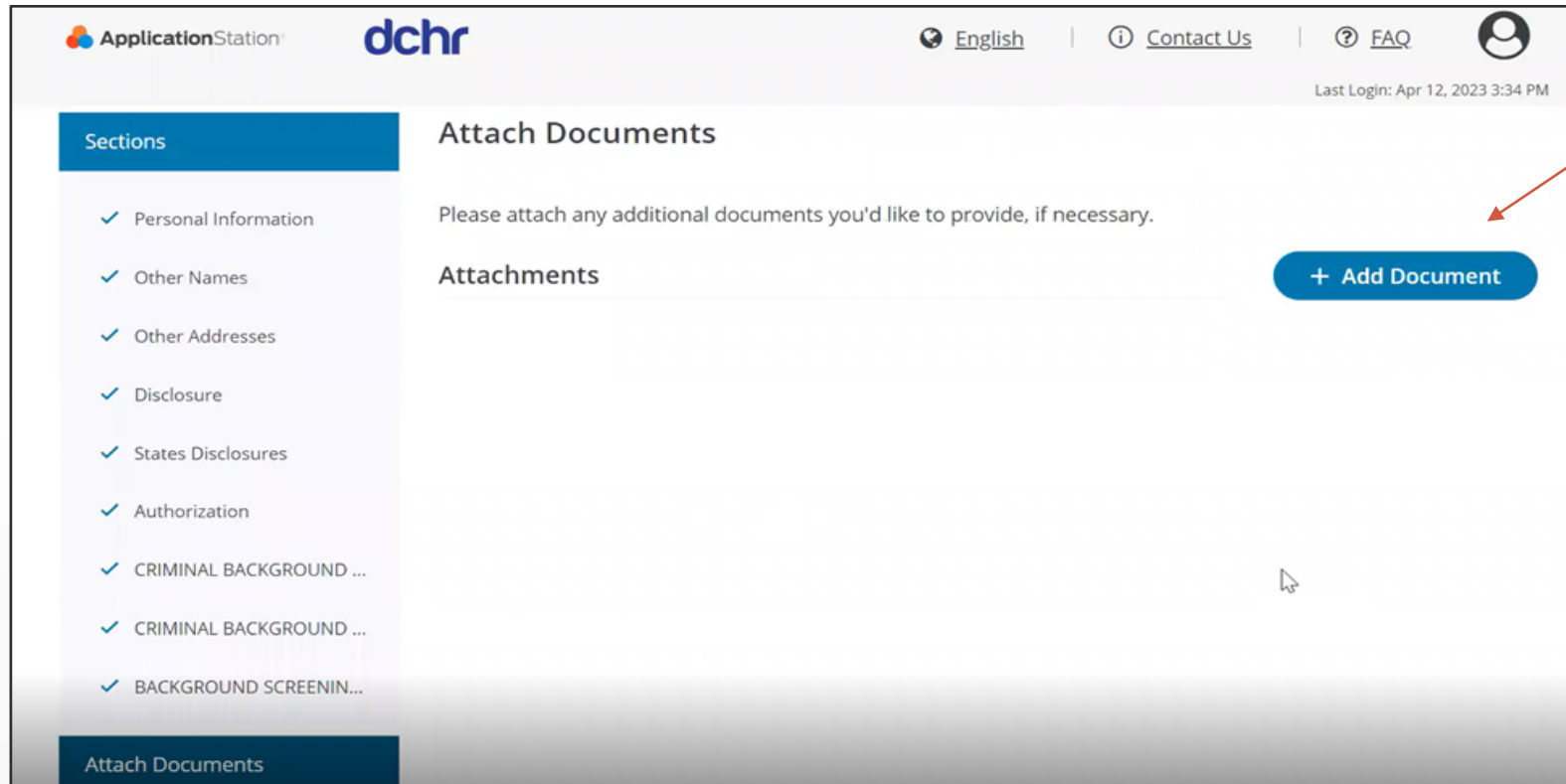
District of Columbia Department of Human Resources

All District of Columbia government employees are subject to a general background investigation at the time of hire. To conduct these checks, we may obtain information from a credit reporting bureau and other consumer reporting agencies. This information may include, among other things, a consumer report and an investigative consumer report. Your consumer report may include a credit report if you are occupying a safety, protection or security sensitive position, elected a residency preference during the application process, or have a residency requirement as part of your position. In accordance with the Fair Credit Reporting Act, approved October 26, 1970 (P.L. 91-508; 15 U.S.C. § 1681), this document notifies you that we may obtain a consumer report on you for purposes of your employment.

The attached **Authorization to Procure Consumer Information** must be signed so we can conduct an inquiry with a credit reporting bureau and complete your investigation. We may also obtain an investigative consumer report. An investigative consumer report will include information concerning your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting and conducting personal interviews with your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation requested.

Step 14: Attach Documents

- To attach a document, click **+ Add Document**.



Click here

Step 14: Attach Documents (cont.)

- Select a document type from the drop-down menu.
- Type in a short description of the document.
- Click **Browse** and select the file you want to upload and click **Add**.

Add description of document

Select document type

Drag and drop the file you want to upload or click browse and select the file you want to upload

Click here

ApplicationStation **dchr** English | Contact Us | FAQ | Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Add Document

The following file types are supported: BMP, DOC, DOCX, GIF, JPG, JPEG, MSG, PDF, PNG, PPT, PPTX, RTF, TIF, TIFF, TXT, XLS, XLSX.
The maximum file size is 15 MB.

Document Type*

Description*

File*

Drag file here or [browse](#)

Attach Documents

Step 15: Review Summary

- Review the information you have inputted.
- If you need to make changes to the information, click **Edit**.
- If the information is correct, click **Continue** →.

ApplicationStation dchr English Contact Us FAQ Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Review Summary

Now is the time to review your work for accuracy and completeness. To change any of the information you have entered, click the "Edit" button. When you are satisfied with the information entered, you can click the "Continue" button to move to the next screen.

Personal Information

First Name	Brittin
Last Name	Parson
Country	United States
Address 1	123 Main St
City / Town	Marlton
State	New Jersey
Zip Code	08053
Resided Since	Nov, 2012
U.S. SSN	XXX-XX-8888
Date of Birth	02/18/XXXX

Attach Documents

[Edit](#)

Click here
to edit

Step 16: Submit Forms

- If you reach the Submit Forms page and need to edit your application, click ← **Back** or select the section you want to edit on the left side under Sections.
- When you're ready to submit your application, click **Submit Forms** →.
- Note: You cannot edit the application after you click **Submit Forms** →.

ApplicationStation dchr

English | Contact Us | FAQ | Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Attach Documents

Review Summary

Submit Forms

Confirmation

Submit Forms

You have the option to go back and review the information you have supplied for accuracy and completeness by clicking the "Review Summary" link on the side panel.

If you are satisfied with the information that you have supplied, please read and acknowledge the following:
I certify that I have provided all information, and answered all questions, truthfully, correctly, and completely in accordance with the instructions provided.

By clicking "Submit Forms", I acknowledge and agree that I have provided complete, correct and truthful information on all pages included in this Data Collection process.

← Back

Submit Forms →

Step 17: Confirmation

- Use the your personal Fieldprint code to schedule your fingerprint appointment immediately. You will not be able regenerate the code.
- Note: this code is specific to you. Do not share it with others.
- If you need your Fieldprint code resent, email OSSE.Childcarelicensing@dc.gov.
- Click **Click Here** to schedule your fingerprint appointment. After you click this button, you will be brought to the Fieldprint website.

ApplicationStation dchr English Contact Us FAQ Last Login: Apr 12, 2023 3:34 PM

Sections

- ✓ Personal Information
- ✓ Other Names
- ✓ Other Addresses
- ✓ Disclosure
- ✓ States Disclosures
- ✓ Authorization
- ✓ CRIMINAL BACKGROUND ...
- ✓ CRIMINAL BACKGROUND ...
- ✓ BACKGROUND SCREENIN...

Confirmation

You're almost finished! Please follow the instructions below to complete your fingerprinting.

To complete your Fingerprint Scheduling, please follow the instructions below:

1. [Click Here](#)
2. If prompted Login using your ApplicationStation credentials, or Create a Fieldprint account using the Sign Up Button.
3. Enter the following to continue:
Personal Fieldprint Code: DCHR3b1f72b4
4. Follow the online instructions on the Fieldprint Web Site, which will guide you through the process.

You can view copies of the information you have submitted:

- 📄 [Data Collection Form](#)
- 📄 [Authorization](#)
- 📄 [Disclosure](#)
- 📄 [Other Notices \(State Disclosures\)](#)
- 📄 [CRIMINAL BACKGROUND DISCLOSURE FORM](#)

Attach Documents

Click here

Your unique code
will be here



Part II: Fieldprint

Step 18: Sign Up for Fieldprint

- Click **Sign Up**.
- Follow the instructions to create a password and security question.

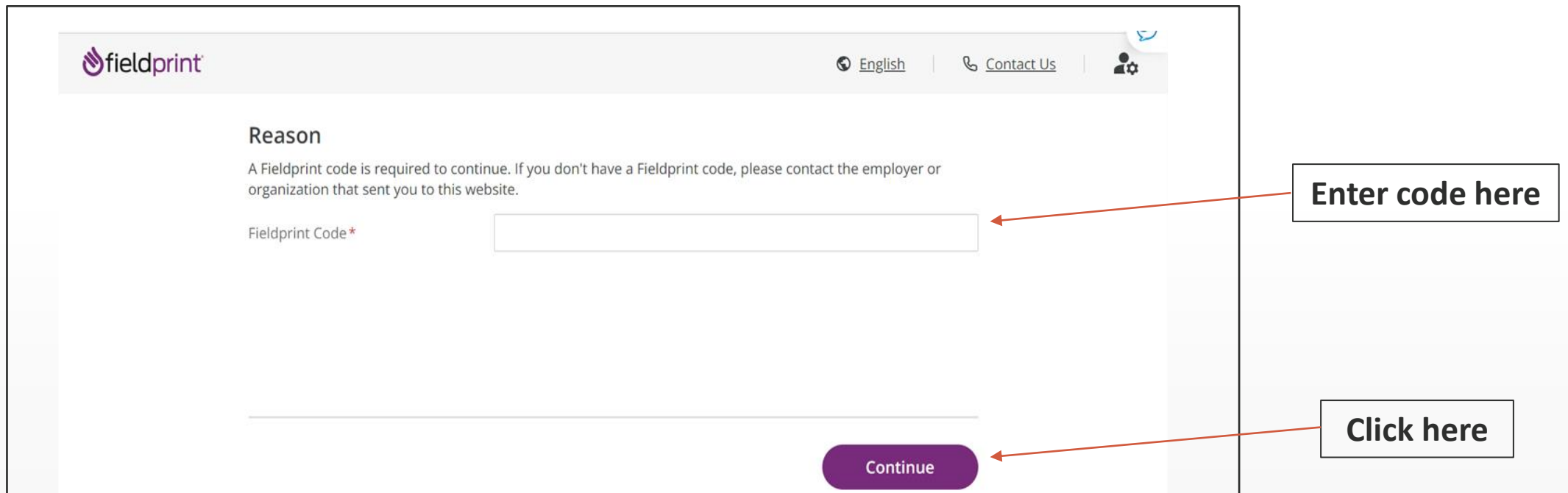
Welcome to Fieldprint®

Sign Up	Returning User Login
To schedule your appointment – sign up.	To check your appointment status, view and print your receipt or re-schedule your appointment - log in.
Sign Up	Log In

For questions/support related to the Fieldprint application, contact Fieldprint for support at (877) 614-4364 or customerservice@fieldprint.com.

Step 19: Enter Your Fieldprint Code

- Enter the Fieldprint code from Step 17.
- Click **Continue**.



The screenshot shows the Fieldprint website interface. At the top, there is a header with the 'fieldprint' logo on the left, and links for 'English', 'Contact Us', and a user profile icon on the right. The main content area is titled 'Reason' and contains the text: 'A Fieldprint code is required to continue. If you don't have a Fieldprint code, please contact the employer or organization that sent you to this website.' Below this text is a label 'Fieldprint Code*' followed by a text input field. An orange arrow points from a box labeled 'Enter code here' to this input field. At the bottom right of the form is a purple 'Continue' button. An orange arrow points from a box labeled 'Click here' to this button.

Step 20: Personal Information

- Complete all fields marked with an asterisk and click **Continue** at the bottom of the page.

Data Collection

☒ Personal Information

☐ Demographics

Authorization

☐ Biometric Disclosure

☐ Release

☐ Disclosure

☐ Individual Notification

☐ FBI Noncriminal Justice Applicant's Privacy Rights

☐ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Personal Information

Please enter your personal information below.

① Notice

The information entered on this screen must belong to the person attending the appointment. The name provided for the appointment **must be your full, legal name and must match both forms of identification exactly**. The date of birth provided must also be an exact match to what is listed on the primary form of identification. Your fingerprint collection appointment will not take place if you cannot provide two forms of matching identification.

Acceptable Forms of ID
★ — Required Fields

First Name *

Middle Name

Last Name *

Suffix

Other Names

Are there any other names you are known by or have used (including maiden name, if applicable)? *

☐ Yes ☐ No

Step 21: Demographics

- Complete all fields marked with an asterisk and click **Continue** at the bottom of the page.

Data Collection

✓ Personal Information

✓ Demographics

Authorization

✓ Biometric Disclosure

☐ Release

☐ Disclosure

☐ Individual Notification

☐ FBI Noncriminal Justice Applicant's Privacy Rights

☐ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Demographics

Please complete the following questions. This information is used to positively identify you when performing a fingerprint-based background check.

① Notice

Fieldprint is required to provide demographic values established by the FBI and/or state and federal agencies.

★ — Required Fields

Citizenship* ⓘ

Place of Birth* ⓘ

City of Birth* ⓘ

Gender* ⓘ

Height* ⓘ ft in

Weight* ⓘ lb

Eye Color* ⓘ

Hair Color* ⓘ

Race* ⓘ

Step 22: Biometric Disclosure

- Read the statement and click **I agree**.
- Enter your full name.
- Click **Continue**.

The screenshot shows a web form titled "Biometric Disclosure". On the left, there is a sidebar with four sections: "Data Collection" (with checkmarks for "Personal Information" and "Demographics"), "Authorization" (with radio buttons for "Biometric Disclosure", "Release", "Disclosure", "Individual Notification", "FBI Noncriminal Justice Applicant's Privacy Rights", and "FBI Privacy Statement and Privacy Notice"), "Schedule Appointment", and "Confirmation". The main content area contains the following text:

Biometric Disclosure

★ — Required Fields

State Required Biometric Information Disclosure and Authorization

Please be advised that your biometric identifiers, i.e. fingerprints, will be collected, captured, received, stored, and used in connection with your contract and/or employment with the organization requesting your fingerprints ("ORGANIZATION"). Such collection, capture, receipt, storage, and use of your biometric information may occur at any time after the ORGANIZATION and/or Fieldprint, Inc. receives your written authorization, including during the hiring process, as well as during the course of your contract and/or employment with ORGANIZATION or for volunteering/licensing, as the case may be, where permitted by law ("Stated Purposes").

Your biometric information is being collected, captured, received, stored, disclosed to ORGANIZATION, and used in order to obtain Criminal History Record Information (CHRI) from Federal and/or state governments and/or agencies in connection with the Stated Purposes. To accomplish these purposes, Fieldprint, Inc. may disclose your biometric information to its own network of fingerprint sites ("Network") that collect and/or capture the biometric information, as well as to Federal and/or state governments and/or agencies.

Your biometric information will be retained and stored by Fieldprint, Inc., and will be permanently destroyed when the initial purpose for collecting the information has been satisfied or after three (3) years from your last interaction with Fieldprint, Inc., whichever occurs first. To see our policy that establishes our retention schedule and guidelines for permanently destroying biometric identifiers and biometric information, please see [Retention and Destruction Policy](#).

With respect to the destruction of your biometric information, we utilize best practices when purging electronic biometric data and hard copy fingerprint cards. The proper sanitization method depends on the type of media and the intended disposition of the media. The process is to render access to target data on the media infeasible for a given level of recovery effort. We apply techniques such as those created by industry standards organizations. Electronic media may be purged of biometric information using steps such as: clearing/wiping, data purging, and physical media destruction. Hard or paper copies of fingerprints, which include biometric data, are destroyed via a National Association for Information Destruction (NAID) AAA-certified shredding company for destruction of media. We ensure that destruction of all physical and electronic media is witnessed or carried out by authorized personnel.

Please contact us at (888) 472-8918 should you have any questions.

Authorization to Obtain and Disclose Biometric Information

By signing below, I hereby authorize ORGANIZATION and Fieldprint, Inc. to collect, receive, store, and use my biometric information, and further authorize Fieldprint, Inc. to disclose and use my biometric information to obtain Criminal History Record Information in connection with the Stated Purposes.

By signing below, I further authorize Fieldprint, Inc. to share my biometric information, criminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purposes. I further authorize Fieldprint, Inc. to share my biometric information with Fieldprint, Inc.'s Network and with Federal and/or state governments and/or agencies in connection with the Stated Purposes.

By signing below, I acknowledge and agree that this authorization to obtain and disclose/share my biometric information, criminal results, and any other information obtained using my fingerprints, is valid now as well throughout the course of my contract, employment, volunteering, and/or licensing, as may be applicable, with ORGANIZATION, where permitted by law.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☒ I agree*

Your Full Legal Name
Today's date

At the bottom of the form are two buttons: "Back" and "Continue".

Annotations on the left side of the form:

- A box labeled "Click here" with an arrow pointing to the "I agree*" checkbox.
- A box labeled "Enter name here" with an arrow pointing to the "Your Full Legal Name" input field.
- A box labeled "Click here" with an arrow pointing to the "Continue" button.

Step 23: Release

- Read the declaration.
- Complete all fields marked with an asterisk under Acknowledgement & Authorization.
- Click **I agree**.
- Enter your full name.
- Click **Continue**.

The screenshot shows the 'Release' form in the Fieldprint system. On the left, a sidebar contains navigation links: 'Data Collection' (with sub-items 'Personal Information' and 'Demographics'), 'Authorization' (with sub-items 'Biometric Disclosure', 'Release' (selected), 'Disclosure', 'Individual Notification', 'FBI Noncriminal Justice Applicant's Privacy Rights', and 'FBI Privacy Statement and Privacy Notice'), 'Schedule Appointment', and 'Confirmation'. The main content area is titled 'Release' and 'Criminal Background Check Authorization'. It includes a 'DECLARATION' section with text about the D.C. Metropolitan Police Department (MPD) and a 'DECLARATION' section with text about the D.C. Official Code § 22-2405 (2012 Ed). Below this is the 'ACKNOWLEDGEMENT & AUTHORIZATION' section, which contains a form with fields for 'Male or Female', 'Social Security Number', 'Date of Birth', 'Driver's License Number (If Applicable)', and 'State of Issuance (If Applicable)'. There is a checkbox for 'I agree' which is checked. Below the checkbox are fields for 'Your Full Legal Name' and 'Today's date'. At the bottom of the form are 'Back' and 'Continue' buttons. Three callout boxes with arrows point to the form: 'Click here' points to the 'Release' link in the sidebar, 'Enter name here' points to the 'Your Full Legal Name' field, and 'Click here' points to the 'Continue' button.

fieldprint

English | Contact Us

Data Collection

- ✓ Personal Information
- ✓ Demographics

Authorization

- ✓ Biometric Disclosure
- Release**
- Disclosure
- Individual Notification
- FBI Noncriminal Justice Applicant's Privacy Rights
- FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Release

Criminal Background Check Authorization

★ — Required Fields

Pursuant to Chapter 4 of the D.C. personnel regulations, Suitability, an appointee, employee, or unsupervised volunteer must complete and sign the authorization on this form to authorize a criminal background check.

DECLARATION

I have been informed that the District government agency named on the **Individual Notification of Criminal Background Check and Traffic Record Check Requirements** form is subject to and authorized to conduct a criminal background check on me and may choose to deny me employment, a volunteer position, or terminate my employment or volunteer position based on the outcome.

The D.C. Metropolitan Police Department (MPD) or other appropriate entity will conduct criminal background checks in accordance with Federal Bureau of Investigations (FBI) policies and procedures. A traffic records check will be obtained from the traffic records maintained by the District of Columbia and/or my state or local Motor Vehicle Administration. I understand that I have the right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of the report.

I understand that an appointee or volunteer who intentionally provides false information in the course of applying for a position is subject to prosecution pursuant to the District of Columbia Theft and White Collar Crimes Act (D.C. Official Code § 22-2405 (2012 Ed)).

ACKNOWLEDGEMENT & AUTHORIZATION

I hereby acknowledge receipt of this Authorization Form and authorize the MPD or other entity as appropriate to conduct a criminal background check and traffic check on me as described above.

Male or Female★

Social Security Number★

Date of Birth★

Driver's License Number (If Applicable)

State of Issuance (If Applicable)

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS **STRICTLY PROHIBITED** FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☒ I agree★

Your Full Legal Name

Today's date

Back

Continue

Click here

Enter name here

Click here

Step 24: Disclosure

- Answer all disclosure questions.
- To affirm the answers you've provided are true and accurate, enter your date of birth, click **I agree**, enter your full name and click **Continue**.

The screenshot shows the 'Disclosure' section of a form. On the left, there are three callout boxes with arrows pointing to specific elements: 'Click here' points to the 'I agree' checkbox, 'Enter name here' points to the 'Your Full Legal Name' input field, and 'Click here' points to the 'Continue' button at the bottom right.

Data Collection

- ✓ Personal Information
- ✓ Demographics

Authorization

- ✓ Biometric Disclosure
- ✓ Release
- ☒ Disclosure
- ☐ Individual Notification
- ☐ FBI Noncriminal Justice Applicant's Privacy Rights
- ☐ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Disclosure

★ — Required Fields

By law, mayor's order, and personnel regulations, each employee, applicant and volunteer is required to make an affirmation of his/her entire adult criminal history with respect to the following offenses:

1. Murder, manslaughter, mayhem, malicious disfiguring of another, abduction, kidnapping, burglary, theft, breaking and entering, robbery, or larceny;
2. Assault with the intent to commit any felony;
3. Assault on a police officer, or other government official, without regard to level of sentencing;
4. A violation of narcotic laws, except simple narcotics possession without intent to distribute (misdemeanor) or possession of drug paraphernalia; or
5. A sexual offense, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but, excluding sodomy between consenting adults.

CRIMINAL BACKGROUND DISCLOSURE STATEMENT
For each of the following questions, indicate either yes or no:

Have you ever been convicted of any of the offenses listed above (items 1-5)? *

☐ Yes
☐ No

Have you ever pleaded nolo contendere to any of the offenses listed above (items 1-5) or their equivalent, either in the District of Columbia, or in any state or territory? *

☐ Yes
☐ No

Are you currently on probation before judgment or on a stet docket involving a criminal charge for any of the offenses listed above (items 1-5)? *

☐ Yes
☐ No

Have you ever been found not guilty by reason of insanity for any of the offenses listed above (items 1-5), or their equivalent, in the District of Columbia or in any state or territory? *

☐ Yes
☐ No

I affirm the answers provided in this document are true and accurate. I understand that making a false statement on this document is a criminal offense and that, if convicted, I could be fined up to \$1,000 and imprisoned for 180 days.

Date of Birth *

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY.

☒ I agree *

Your Full Legal Name

Today's date

Step 25: Individual Notification

Complete the fields on this page as follows:

- Employee/Applicant/Volunteer Name (Print) field: Enter your first and last name.
- Position Title: Enter your position (e.g., Director, Teacher, Assistant Teacher, Caregiver Associate Caregiver, Group Leader, Assistant Group Leader).
 - If you are unsure of your position, contact your employer.
- Agency: Enter the name of the child development facility where you will be working
- Organizational Unit: Enter **OSSE DEL**

Data Collection	Individual Notification
<input checked="" type="checkbox"/> Personal Information	* — Required Fields
<input checked="" type="checkbox"/> Demographics	Employee/Applicant/Volunteer Name (Print)* <input type="text" value="FIRST AND LAST NAME"/>
	Position Title* <input type="text" value="POSITION"/>
	Agency* <input type="text" value="Child Care Facility NAME"/>
	Organization Unit <input type="text" value="OSSE DEL"/>
Authorization	
<input checked="" type="checkbox"/> Biometric Disclosure	
<input checked="" type="checkbox"/> Release	
<input checked="" type="checkbox"/> Disclosure	
<input type="radio"/> Individual Notification	
<input type="radio"/> FBI Noncriminal Justice Applicant's Privacy Rights	
<input type="radio"/> FBI Privacy Statement and Privacy Notice	
Schedule Appointment	
Confirmation	

In accordance with Chapter 4 of the D.C. personnel regulations, Suitability, this notice informs you that you have been appointed to, or you currently occupy, either as an employee or a volunteer, a covered position that makes you subject to an initial criminal background check or traffic record check and to periodic checks while assigned. If you are detailed, temporarily promoted, or temporarily reassigned to a covered position, you are also subject to an initial criminal background check or traffic record check and to periodic checks while assigned. Covered positions include: (1) Safety sensitive, which are positions with duties and responsibilities which if performed while under the influence of drugs or alcohol, could lead to a lapse of attention that could cause actual, immediate and permanent physical injury or loss of life to self or others; (2) Protection sensitive, which are positions with duties or responsibilities caring for or ensuring the well-being of children or youth, patients, the elderly, or other vulnerable persons; and (3) Security sensitive, which are positions of special trust that may reasonably be expected to affect the access to or control of activities, systems, or resources that are subject to misappropriation, malicious mischief, damage, loss, impairment, or control of communications. Generally, any position that is subject to the traffic record check requirement is also subject to the criminal background check requirement.

As an appointee, employee, or unsupervised volunteer in a covered position at a District government agency, you are hereby informed that you are subject to criminal background check(s). You are also informed that the

Step 26: Privacy Rights

- Read the statement and click I acknowledge that I have read, understand, and agree to the above Statement.
- Click Continue.

<div>Data Collection</div> <div><div>✓ Personal Information</div><div>✓ Demographics</div></div> <div>Authorization</div> <div><div>✓ Biometric Disclosure</div><div>✓ Release</div><div>✓ Disclosure</div><div>✓ Individual Notification</div><div><div><input checked="" type="radio"/> FBI Noncriminal Justice Applicant's Privacy Rights</div><div><input type="radio"/> FBI Privacy Statement and Privacy Notice</div></div></div> <div>Schedule Appointment</div> <div>Confirmation</div>	<div>FBI Noncriminal Justice Applicant's Privacy Rights</div> <div>* — Required Fields</div> <div>NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS</div> <div>As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. [1] 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), 50.12, among other authorities.</div> <div><div><div>• You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]</div><div>• You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.</div><div>• You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).</div><div>• 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 the employment, license, or other benefit based on information in the FBI criminal history record.</div><div>• 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 https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.</div><div>• 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 by submitting a request via https://www.edo.cjis.gov. 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. (See 28 CFR 16.30 through 16.34.)</div><div>• 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. [3]</div><div>• You have the right to report any breaches of personal identifying information (PII) directly to the FBI should you believe your information has been mishandled or compromised at https://www.edo.cjis.gov</div></div></div>
---	--

Step 27: Privacy Notice

- Read the statement and click **I acknowledge that I have read, understand, and agree to the above Statement.**
- Click **Continue.**

Data Collection	FBI Privacy Statement and Privacy Notice
<input checked="" type="checkbox"/> Personal Information	★ — Required Fields
<input checked="" type="checkbox"/> Demographics	
Authorization	Privacy Act Statement
<input checked="" type="checkbox"/> Biometric Disclosure	<i>This privacy act statement is located on the back of the FD-258 fingerprint card.</i>
<input checked="" type="checkbox"/> Release	Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
<input checked="" type="checkbox"/> Disclosure	Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
<input checked="" type="checkbox"/> Individual Notification	Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
<input checked="" type="checkbox"/> FBI Noncriminal Justice Applicant's Privacy Rights	
<input type="radio"/> FBI Privacy Statement and Privacy Notice	
Schedule Appointment	
Confirmation	

Step 28: Find a Fieldprint Location

- Enter an address to find a Fieldprint location near you and click **Find**.
- Click **Find Availability** for the site where you want to schedule an appointment.

The screenshot shows a web interface for finding a Fieldprint location. On the left is a sidebar with sections: **Data Collection** (Personal Information, Demographics), **Authorization** (Biometric Disclosure, Release, Disclosure, Individual Notification, FBI Noncriminal Justice Applicant's Privacy Rights, FBI Privacy Statement and Privacy Notice), **Schedule Appointment**, and **Confirmation**. The main area is titled **Fieldprint Location** and contains a search bar with 'GLOBAL' entered, a 'Find' button, and a link 'Near My Home Address'. Below this, it shows '20 Results for GLOBAL PRINTING' and a calendar view for March 13-18. There are filters for 'Distance', 'Soonest Available Time', and 'Multilingual Services', along with a 'Clear Filter' link and an 'Open Map View' link. The first result is '1. Fieldprint Site - Global Print Master' at '2004 Rhode Island Avenue NE, Washington DC 20018', with hours 'M TU W TH F 10:30 AM - 05:00 PM SA 11:00 AM - 03:00 PM'. It lists features: 'No Additional Fees', 'ADA Compliant', 'Livescan', 'Expedited Processing', 'Photo', and 'I9'. A 'Find Availability' button is next to the result. Annotations with arrows point to the search bar (labeled 'Enter address here'), the 'Find' button (labeled 'Click here'), and the 'Find Availability' button (labeled 'Click here').

Enter address here

Click here

Click here

Step 29: Schedule Your Appointment

- Select date and time for your appointment.
- Click **Continue**.

Data Collection

✓ Personal Information

✓ Demographics

Authorization

✓ Biometric Disclosure

✓ Release

✓ Disclosure

✓ Individual Notification

✓ FBI Noncriminal Justice Applicant's Privacy Rights

✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Fieldprint Location

[Back to 20 Results](#)

Schedule Appointment

📍 Fieldprint Site - Global Print Master, 2004 Rhode Island Avenue NE, , Washington DC 20018-

M TU W TH F 10:30 AM - 05:00 PM SA 11:00 AM - 03:00 PM

🚶 0.01 mi 🦽

📘 Notice

Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

★ — Required Fields

Available Date ★

Month

Day


2025

Part of day ★

Part of day

Time

Continue



3/21/2025

37

Step 30: Finish Scheduling

- To schedule your appointment, click **Finish Scheduling**.

Data Collection

✓ Personal Information

✓ Demographics

Authorization

✓ Biometric Disclosure

✓ Release

✓ Disclosure

✓ Individual Notification

✓ FBI Noncriminal Justice Applicant's Privacy Rights

✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Schedule Appointment

🔔 Notice

Once an appointment is scheduled, it may not be changed or cancelled less than 24 hours before the appointment time without incurring a charge.

Date and Time:

March 24, 2025 11:00 AM

Location:

📍 Fieldprint Site - Global Print Master
2004 Rhode Island Avenue NE, , Washington DC 20018-

Back

Finish Scheduling

Step 31: Confirmation Details

- Click **Print Confirmation**.

Click here

Data Collection

✓ Personal Information

✓ Demographics

Authorization

✓ Biometric Disclosure

✓ Release

✓ Disclosure

✓ Individual Notification

✓ FBI Noncriminal Justice Applicant's Privacy Rights

✓ FBI Privacy Statement and Privacy Notice

Schedule Appointment

Confirmation

Confirmation Details:

Print Confirmation

Get Directions

Date and Time:


Monday, March 24, 2025 11:00 AM

Location:

Fieldprint Site - Global Print Master


2004 Rhode Island Avenue NE, , Washington DC 20018-

Appointment #




QR Code Notice

Fieldprint uses a camera to scan the QR code and locate your unique appointment information. The camera does not save data or records.



Map

Satellite



Your registration information will also be emailed to you for additional reference. If an email is not received within one hour, please contact Fieldprint® at 877-614-4364.

Step 32: Prepare for your appointment

- Gather two forms of identification. At least one form of identification must be a primary ID.
- Bring this documentation and your confirmation details to your appointment.

Acceptable Forms of Primary IDs	Acceptable Forms of Secondary IDs
<ul style="list-style-type: none">• State-issued driver's license• State-issued non-driver identity• US passport• Military identification card• Work Visa with photo• Foreign passport• Department of Defense Common Access Card• Foreign driver's license	<ul style="list-style-type: none">• Bank statement/paycheck stub• Utility bill• Credit card/debit card• Marriage certificate• Birth certificate• School ID with photograph• Vehicle registration/title• Voter registration card• Draft record• Social Security Card• Transportation worker ID credential (TWIC Card)• Certificate of Citizenship• Certificate of Naturalization• Native American tribal document• Permanent Resident Card (I-551)

Step 33: Complete Fingerprinting

- Go to the location you've selected for your fingerprinting at the date and time you've booked an appointment.
- Remember to bring your confirmation details (step 31) and two forms of identification (step 32).
- After you complete the fingerprinting process, the results will be sent to OSSE.



Questions?

Have questions or need support?

- For questions related to the criminal background check process for child care staff and volunteers, contact OSSE at OSSE.ChildCareLicensing@dc.gov.
- For questions related to Application Station, contact customer service at 1-800-803-9042
- For questions related to completing the Fieldprint scheduling process, contact Fieldprint's customer service team at (877) 614-4364 or customerservice@fieldprint.com.