

Substitute Teachers Needed



Certified Substitute Teacher Daily Rates

**Daily Rate \$115.00
Plus Free Breakfast & Lunch**

After 5th Day Substitute Application Fees Reimbursed

Colorado Issues three types of substitute authorizations:

1-year authorization, 3-year authorization, and 5-year authorization.

A substitute authorization allows you to work in a Colorado public school as a substitute teacher. The substitute authorizations are issued without grade level or subject endorsement area.

For More Information :

CDELicensing@cde.state.co.us

Phone: 303-866-6628

Fax: 303-866-672



**Hanover School District No. 28
17050 S. Peyton Hwy.
Colorado Springs, Colorado 80928
719-683-2247 or 719-382-1260**



HANOVER SCHOOL DISTRICT NO. 28

17050 S. PEYTON HWY
COLORADO SPRINGS, CO 80928

OFFICE: (719)683-2247

FAX: (719)683-3805



CLASSIFIED STAFF EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT

Date _____

*SSN: _____

*This will be used for Personnel purposes only

Notice to Applicant:

The Board of Education of Hanover School District No. 28, Colorado Springs, Colorado, does not unlawfully discriminate on the basis of race, color, sex, religion, national origin, ancestry, creed, age, marital status, sexual orientation, genetic information, disability or need for special education services in admissions, access to, treatment, or employment in educational programs or activities which it operates. (Policy AC).

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____
(Street) (City) (State) (Zip Code)

Email Address: _____
(Optional)

Home Phone Number: _____ Message Phone Number: _____

Position Applying For: _____

Have you read the job description for this position? Yes _____ No _____

Are you able to perform the essential functions of this position with reasonable accommodation?

Yes _____ No _____

Would you accept temporary or part-time? Yes _____ No _____ Date you are available: _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain in a confidential letter and attach to your application.

EDUCATION

Name of School	Location	H.S. Diploma or GED AA or BA Degree	Specialized Training Received, if any
High School _____		Yes___No___	_____
GED _____		Yes___No___	_____
College _____		Yes___No___	_____
Other _____		Yes___No___	_____

WORK EXPERIENCE

Please list the last three jobs you have held. List your most recent job first.

1. Employer: _____	Supervisor: _____	Job Title: _____
Address: _____	_____	Phone: _____
Date Started: _____	Date Left: _____	Brief Description of Duties: _____
_____/_____/_____		_____ _____ _____
2. Employer: _____	Supervisor: _____	Job Title: _____
Address: _____	_____	Phone: _____
Date Started: _____	Date Left: _____	Brief Description of Duties: _____
_____/_____/_____		_____ _____ _____
3. Employer: _____	Supervisor: _____	Job Title: _____
Address: _____	_____	Phone: _____
Date Started: _____	Date Left: _____	Brief Description of Duties: _____
_____/_____/_____		_____ _____ _____

SPECIAL SKILLS

Please list any special work skills you may possess, to include but not limited to typing speed, software programs, equipment and machinery:

WORK REFERENCES

List below persons who know your abilities and your general qualifications. Qualification of applicants under consideration may be investigated by correspondence and or telephone. Three recent references are requested.

NAME	RELATIONSHIP TO APPLICANT & PLACE OF EMPLOYMENT	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Please do not list family members or friends*

AGREEMENT

I hereby certify that the above information is true, accurate, and complete, to the best of my knowledge. Any misrepresentation or omission of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, I understand that this application and records become the property of the District and the District reserves the right to accept or reject the application.

If I am employed by the District, I agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment.

In addition, I hereby authorize Hanover School District No. 28 to conduct work history, personal reference, driver, police and/or other inquiries to determine my acceptability for employment.

Signature of Applicant



BACKGROUND INFORMATION SERVICES, INC.

**BACKGROUND SCREENING
NOTIFICATION & AUTHORIZATION FORM**

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for employment with _____ (Company Name).

Applicant Information (Complete the following information as accurately as possible. Please Print or Type)

Last Name		First Name	Middle Name
Social Security Number	Date of Birth	Previous Names (maiden/marriage, etc) Date Changed:	
Driver's License Number	State of Issue	Date Changed:	

Address History (List up to past 7 years beginning with your current address. Include city, country, postal code and dates of residence.)

Address #1				
Date From:		Date To:		
Street Address		City	State	Zip

Address #2				
Date From:		Date To:		
Street Address		City	State	Zip

Address #3				
Date From:		Date To:		
Street Address		City	State	Zip

BACKGROUND SCREENING AUTHORIZATION

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

ELECTRONIC SIGNATURES

I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

Applicant Signature: _____ **Date:** _____

One-Year Substitute Teacher Authorization

www.cde.state.co.us/cdeprof/checklist-substituteauth1year

Preparing to Apply

Am I in the Right Place?

This checklist is for applicants seeking a 1-year substitute teacher authorization to serve in a public school district, charter school, BOCES or approved facility school only. If you are seeking a 3-year or 5-year authorization, please [review the other checklists](#) and make the appropriate selection.

Note that a 1-year substitute authorization is valid for 12 months from the date the application is approved.

Plan Ahead

- You will need electronic copies of all documentation.
([Get Help with Document Scanning](#))
- Allow ample time to request any third party transcripts or other documentation.

Application Fee:

\$60.00

Authorization Expires:

1 year from date of issue

Checklist

Identification

- Submit fingerprints to the Colorado Bureau of Investigation (CBI).
 - If you already hold a valid, CDE-issued educational credential and have consistently maintained an active credential (authorization or license) since you submitted your fingerprints, you can skip this step. We reserve the right to evaluate your application for adherence to the fingerprint requirements and will notify you by email should any follow-up be needed.
 - If you have submitted fingerprints for CDE credentialing in the past, but allowed all credentials to lapse and have held no active credential for a period exceeding 1 year, you must submit a new set of fingerprints.

([View Fingerprinting Instructions](#))

- Confirm you have a valid form of government-issued identification.
([View List of Valid IDs](#))

Employment

- Within the application you must include employment history for at least the past 5 years.
 - Include employer/business name, dates of employment, reason for leaving, work addresses, supervisor names, and contact information.
- Complete the application section of the One Year Substitute Verification Form.
 - Forward the form to your employer's human resources department to complete and sign the remaining section.
 - The employer must return the completed and signed form to you so you can include it with your online application.
 - Note that if you intend to substitute for more than one employer, you will need to complete a separate form for each district, BOCES, charter school, or approved facility school.

([Download the Verification Form](#))

Self-Disclosure

- If applicable, obtain supporting documentation on the following:
 - Past criminal history
 - Disciplinary actions
 - Any issues related to licensure or employment

([View Self-Disclosure Requirements](#))

Register and Apply

Once you have gathered all of the information listed above, you are ready to begin the online application process! Just register for the eLicensing system or, if you are already registered, log in. Then, select the Substitute Authorization application to get started.

[Register](#)

or, if already registered,

[Log In](#)

For questions, email CDELicensing@cde.state.co.us or call 303-866-6628.

One Year Substitute Verification Form

The following form which is also found on the CDE website will need to be filled out and signed off by Hanover School District's Superintendent or the HR Executive Director.



COLORADO
Department of Education

Educator Licensing
<http://www.cde.state.co.us/cdeprof>

One Year Substitute Verification Form			
<p><small>This form must be completed for individuals applying for a One Year Substitute Authorization. This is valid only for one employing school district/BOCES. Individuals seeking the One Year Substitute Authorization in more than one school district/BOCES, must complete one of these forms for each employing school district/BOCES and apply for each authorization individually.</small></p> <p><small>The One Year Substitute Authorization is valid only in the school district/BOCES in which the individual applied.</small></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 15%; background-color: #0056b3; color: white; writing-mode: vertical-rl; transform: rotate(180deg); padding: 5px; font-weight: bold;">DIRECTIONS</div> <div style="width: 85%;"> <p>Applicant: Complete the "Applicant" section, then forward to the "Employer" for completion and authorized signature. When the form has been completed and signed, upload this completed form into your application BEFORE you submit your application. This form must be uploaded into your application, do not mail this form to CDE.</p> <p>Employer: Complete the "Employer" section in its entirety. If not completely filled out, the authorization cannot be granted to the applicant.</p> <p style="text-align: center;"><i>For the purposes of this form, the term "Employer" can encompass public school district, BOCES, charter school or facility.</i></p> </div> </div>			
To be completed by the Applicant			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><small>Last Name*</small></p> <p><small>First Name*</small></p> <p><small>Middle Name</small></p> <p><small>Date of Birth*</small></p> </div> <div style="width: 30%;"> <p><small>Contact Daytime Phone*</small></p> <p><small>Email Address*</small></p> </div> <div style="width: 30%;"> <p><small>City*</small></p> <p><small>State*</small></p> <p><small>Zip*</small></p> </div> </div> <p><small>List any Previous Names Used*</small> <input type="checkbox"/> None</p> <p><small>Mailing Street Address*</small></p> <p><small>Social Security Number* (last 4)</small> X X X - X X -</p> <p><small>Name of High School You Attended*</small> <small>Location of High School You Attended (City & State)*</small> <small>Date You Graduated*</small></p> <p><small>Applicant's Signature</small> <small>Date*</small></p> <p style="font-size: 0.8em;">Note: This form will be accepted within 90 days from the date that you submit your application to us. You cannot use the same form if renewing. A new form must be obtained each time you apply for this authorization.</p>			
To be completed by the Employer			
<p style="text-align: center; background-color: #ffff00; margin-bottom: 5px;"><small>This portion must be completed by the Superintendent, Human Resources Director, Executive Director or other designated signatory for the employer</small></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><small>Name of Employer:</small></p> <p><small>Mailing Street Address</small></p> </div> <div style="width: 30%;"> <p><small>Employer Phone</small></p> <p><small>City</small></p> </div> <div style="width: 30%;"> <p><small>Select One</small></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Public School District <input type="checkbox"/> Charter School </div> <div> <input type="checkbox"/> BOCES <input type="checkbox"/> Facility </div> </div> <p><small>State</small></p> <p><small>Zip</small></p> </div> </div>			
<p>1 Does the applicant hold a high school diploma or its equivalent?</p> <p><input type="checkbox"/> Yes, the undersigned verifies that the applicant holds a high school diploma or its equivalent.</p> <p><input type="checkbox"/> No</p>			
<p>2 Has the applicant provided evidence of successful working experience with children?</p> <p><input type="checkbox"/> Yes, the undersigned verifies that the applicant has provided evidence of successful working experience with children.</p> <p><input type="checkbox"/> No</p>			
<p>3 Are you authorized by your "employer" to grant the above applicant employment anywhere within your district, BOCES, charter school or facility and to complete this form on the behalf of the "employer"?</p> <p><input type="checkbox"/> Yes, the undersigned attests that authorization to grant employment to this applicant, should they be approved, has been given to me and I have been given the authorization to complete this form on behalf of the "employer".</p> <p><input type="checkbox"/> No</p>			
<p><small>By signing below you have completed the "employer" section in its entirety and that you attest to the three questions above and to the best of your knowledge have no reason that this applicant should not substitute teach in Colorado schools based upon professional incompetence or unethical behavior.</small></p>			
Authorized employer representative completing form			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p><small>Name (printed or typed)</small></p> <p><small>Signature</small></p> </div> <div style="width: 30%;"> <p><small>Title</small></p> <p><small>Contact Phone Number</small></p> </div> <div style="width: 30%;"> <p><small>Are you the Superintendent or HR or Executive Director?</small></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No. If no, complete the bottom line of this form</p> </div> <div style="width: 10%;"> <p><small>Date*</small></p> </div> </div>			
<p><small>*Note: This form will be accepted within 90 days from the date that applicant submits their application to us. They cannot use the same form if they are renewing. A new form must be obtained each time they apply for this authorization.</small></p>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%; background-color: #ffff00; padding: 5px;"> <p><small>Enter into this section only if you are not the Superintendent or HR/Executive Director. List the contact information for the Superintendent or HR/Executive Director:</small></p> </div> <div style="width: 35%;"> <p><small>Superintendent/HR or Executive Director's Name</small></p> <p><small>Superintendent/HR or Executive Director's Direct Phone Number</small></p> </div> </div>			
<p><small>An incomplete form will be returned for completion, which will significantly increase application processing time.</small></p>			

How To Submit Finger Prints:

Step 1: Online Registration

As part of the enrollment process, you will need to provide our unique CBI-ID with other identifying information. Please access the following link <https://www.coloradofingerprinting.com/cabs/> or <https://abi.complio.com/> to start your enrollment.

CBI Unique ID: 4519ETNI

Step 2: Choose Location

Applicants can choose to be fingerprinted at any of the following locations. They have over 30 locations throughout the State of Colorado and plan to continue to grow to accommodate your needs.

<input type="radio"/>	Elite Testing Solutions Colorado Springs	1255 Lake Plaza Dr, Colorado Springs, CO 80906, USA		Images
<input type="radio"/>	Maggies Shipping Shop Colorado Springs	330 E Costilla St, Colorado Springs, CO 80903, USA		Images
<input type="radio"/>	The Mail Center Colorado Springs	6547 N Academy Blvd, Colorado Springs, CO 80918, USA	The Mail Center	Images
<input type="radio"/>	Boy Scouts Pueblo	411 S Pueblo Blvd, Pueblo, CO 81005, USA		Images
<input type="radio"/>	Starpoint Canon City	1339 Elm Ave, Cañon City, CO 81212, USA		Images
<input type="radio"/>	Douglas County DHS	4400 Castleton Ct, Castle Rock, CO 80109, USA		Images
<input type="radio"/>	Colorado Fingerprinting Douglas County Libraries - Castle Pines Branch	360 Village Square Ln, Castle Pines, CO 80108, USA	Library	Images
<input type="radio"/>	Colorado Fingerprinting Koelbel Library	5955 S Holly St, Centennial, CO 80121, USA	Library	Images
<input type="radio"/>	Road to Better Decisions	8000 E Prentice Ave, Greenwood Village, CO 80111, USA	8-12	Images
<input type="radio"/>	Limon Memorial Library	Limon Memorial Library, 205 E Ave, Limon, CO 80828, USA		Images
<input type="radio"/>	Colorado Fingerprinting Mission Viejo Library Aurora	15324 E Hampden Ave, Aurora, CO 80013, USA	Library	Images
<input type="radio"/>	Big Brothers Big Sisters Englewood	750 W Hampden Ave, Englewood, CO 80110, USA	Go to the 4th floor suite 450	Images
<input type="radio"/>	YMCA DENVER	2625 S Colorado Blvd, Denver, CO 80222, USA	YMCA DENVER	Images
<input type="radio"/>	Colorado Fingerprinting Aurora Central Public Library	14949 E Alameda Pkwy, Aurora, CO 80014, USA	Library	Images
<input type="radio"/>	Colorado Fingerprinting Hoffman Library Aurora	1298 Peoria St, Aurora, CO 80011, USA	Library	Images
<input type="radio"/>	Drug and Alcohol Solutions Evergreen	28577 Buffalo Park Rd, Evergreen, CO 80439, USA		Images
<input type="radio"/>	Colorado Fingerprinting Martin Luther King Library Aurora	9898 E Colfax Ave, Aurora, CO 80010, USA	Library	Images
<input type="radio"/>	Colorado Fingerprinting Kalamath	301 Kalamath St, Denver, CO 80223, USA	Kalamath Location	Images
<input type="radio"/>	Colorado Fingerprinting Belmar	8015 W Alameda Ave, Lakewood, CO 80226, USA	Suite 130 Located in the Health One building. Enter through the main entrance or through the North entrance.	Images
<input type="radio"/>	Colorado Fingerprinting The Center	1301 E Colfax Ave, Denver, CO 80218, USA		Images

Step 3: Pay

You will need to pay the fee (CBI and FBI fee, if applicable, + \$10 vendor service fee) with a credit/debit card. The range of fees is from \$26.50 – \$49.50 depending on your fingerprinting purpose with CBI. You receive the total at the end of the ordering process. Following payment, the applicant receives an Order ID via text message or email that will be used to identify the applicant upon arrival at the fingerprinting site.

Billing Code: Currently the district does not provide a billing code to Substitute Applicants. Leave blank and you will continue to the payment information.

Step 4: Fingerprinting

You must arrive at the chosen fingerprint location on the scheduled day and time and identify yourself to the enrollment agent with a photo ID and the Order ID (email or text version). Livescans fingerprints, digital photo, and digital signature are then captured and submitted to CBI. Please note that before a fingerprint is taken, all CABS applicants must register through the online Enrollment Center with assistance, if needed, from our Call Center.

Step 5: Results

The average processing time is 72 hours. The results are returned by CBI.

Note: If you need additional support please contact Colorado Fingerprinting anytime at 720-292-2722 or 833-CBI-CABS or email them at info@coloradofingerprinting.com.

Colorado Fingerprinting Applicant Registration Instructions

The following are step by step instructions to successfully register for fingerprinting. Please carefully read and follow the registration instructions carefully.

IMPORTANT - Make sure all of your information is correct, once your fingerprints are submitted you cannot change any information.

1. **Website** - Please visit <https://abi.complio.com/> to begin (smartphone and tablet friendly)
2. **Create Account** - Click the "Create an Account" button to begin the registration process.



[Can't access your account?](#)

New to Complio?

Create an account

3. **Enter Information** - Carefully enter all of your information. Fields with asterisks (*) are required. Please note for your username you can choose anything that is available including your email address.

Create an account

Spanish

Please fill the form below to create an account. The items with * are required.

Personal Information

First Name: * Middle Name: * If you don't have a middle name ☐ Last Name: * Enter Suffix if Applicable

☐ I don't have a Middle Name.

Do you have an SSN?: * ☒ Yes ☐ No Social Security Number: *

☐ I have an Alias or Maiden name

Gender: * --Select-- Date of Birth: * mm/dd/yyyy Preferred Communication Language: English (Inglés)

Contact Information

Primary Email: * Confirm Primary Email: *

Secondary Email: Confirm Secondary Email:

Address: *

Country: * --Select-- State: * --Select-- City: *

Zip Code: *

Primary Phone: * () - - Secondary Phone: () - -

Account Information

Username: * Check

Password: * Confirm Password: *

Create Account & Proceed Cancel

4. **Start Ordering Process** - After successfully creating an account click the “Get Started” button to start the ordering process.

Welcome!

Before you place your fingerprinting order you need to know the purpose for the fingerprinting and if applicable your department/organization's unique ID. Please note an incorrect unique ID may impact the results being received correctly by the authorized entity. If you are not sure of the unique ID please contact the employer/agency requiring the check.

Get Started

5. **Location** - Search for and choose the location that is most convenient for you.

Find Location

Enter Zip Code: 

			Page Size <input type="text" value="50"/>	20 Item(s) in 1 page(s)
Name	Address	Description		
<input checked="" type="radio"/> Colorado Fingerprinting Downtown	110 16th St Mall, 110 16th St Mall, Denver, CO 80202, USA	Petroleum Building Southern End of 16th St Mall on the 8th Floor Images		

6. **Appointment** - Select one of the available appointment slots and click “Next” to proceed.

April 2019

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Available Slots for: Thursday, April 4, 2019

08:00 AM - 08:10 AM	08:10 AM - 08:20 AM
08:40 AM - 08:50 AM	08:50 AM - 09:00 AM
09:20 AM - 09:30 AM	09:30 AM - 09:40 AM
10:00 AM - 10:10 AM	10:10 AM - 10:20 AM
10:40 AM - 10:50 AM	10:50 AM - 11:00 AM
11:20 AM - 11:30 AM	11:30 AM - 11:40 AM
12:00 PM - 12:10 PM	12:10 PM - 12:20 PM
12:30 PM - 12:40 PM	12:40 PM - 12:50 PM

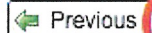
7. **CBI Unique ID** - Enter the CBI Unique ID for your institution and click "Next". The CBI Unique ID for your institution is **4519ETNI**.

Order Selections

- ☒ Colorado Fingerprinting Package (CBI Fingerprint Process)

CBI Unique ID :*

If you do not have a Unique ID, please contact your Licensing Agency or Employer. Incorrect ID may be declined.

 Previous

Next 

8. **Billing Code** - Enter the billing code for your institution and click "Next". The billing code for your institution is **019HSDNLC**.

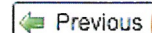
CBI Unique ID :*

If you do not have a Unique ID, please contact your Licensing Agency or Employer. Incorrect ID may be declined.

Billing Code:

— SKIP

If you have a Billing Code please enter here.

 Previous

Next 

9. Verify Personal Information - Verify the personal information entered from the account creation to ensure it is correct. Make any changes as needed and click "Next".

Personal Information

First Name:* Middle Name:* Last Name:*

☐ I don't have a Middle Name.

Do you have an SSN?:* ☒ Yes ☐ No Social Security Number:*

☐ I have an Alias or Maiden name

Gender:* Date of Birth:* Preferred Communication Language:

Phone:* Secondary Phone:

Email: Secondary Email: Confirm Secondary Email:

You can edit your email address by clicking Edit Profile on your dashboard.

Address:*

Country:* State:* City:*

Zip Code:*

Text Message Notifications

Receive Text Notification: ☒ Yes ☐ No Cellular Phone Number:*

10. Fingerprinting Information - Add the information needed for fingerprinting.

Fields with asterisks (*) are required. Double check your information and click "Next" to proceed. **If the daycare license # is required please contact your employer for the correct number.**

Information for Finger Printing

- Please provide all requested information.
- **Bold *** lettering indicates required information.
- Omitting or providing false information may be cause for disqualification.

Place Of Birth (Country)*	--Select--	Place Of Birth (State)*	--Select--	Citizenship*	--Select--
Race*	--Select--	Eye Color*	--Select--	Hair Color*	--Select--
Height Feet*	--Select--	Height Inches*	--Select--	Weight*	<input type="text" value=""/>

Service Details

- Please make sure to confirm your institution or department about your Unique ID.

Reason Fingerprinted	VENDOR CERTIFICATION PF	CBI Unique ID	0151VCPI	Daycare License #	
AcctNam (Literal)	AMERICAN BIOIDENTITY DB	AcctAdr	110 16TH ST 8TH FLOOR	AcctCity	DENVER
ACCTSTA	CO	AcctZip	80202	Reason Fingerprinted Colorado Revised Statute (C.R.S.)	VENDOR CERTIFICATION PF
Total Fee(\$)	49.5				

11. Double Check and Agreement - Double check all of your information to ensure it is correct. Click the checkbox to agree with the privacy statement and click "Next".

Name: CSHA Appointment Time: 03/20/2019 (01:15 PM - 01:30 PM)
Description: Massage Therapy

Privacy Act Statement

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.

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.

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.

A valid State ID Card (or outlying possession of the US with seal or logo from State Agency, Federal ID Card with seal or logo from Federal Agency, Commercial Driver's license permit issued by State or outlying possession of the U.S., Commercial Driver's license issued by a State or outlying possession of the U.S., paper/temporary Driver's License issued by State or outlying possession of the U.S., valid U.S. passport, foreign passport, passport book/card, valid U.S. military identification card, permanent resident card/green card (I-551), enhanced tribal card (ETC).

☒ I have read the Privacy Act Statement and accept it.

[Previous](#) [Next](#)

[Cancel](#)

12. Last Chance to Change Information - You will receive a warning that this is your last chance to double check your information. After double checking your information click "OK" to proceed.

abi.complio.com says

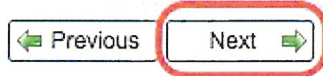
You will not be able to edit any information for this order after proceeding - MAKE SURE YOUR INFORMATION IS CORRECT. Have you reviewed all your information?

[Cancel](#)

[OK](#)

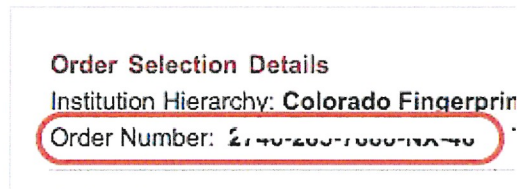
13. Summary and Submit - You will receive a summary for your order, click "Next" to submit your order.

printing Package



14. Order ID - You will receive your order ID on the screen plus it will be emailed to you and texted to you if you opted in to receive text notifications. Provide the order ID along with a valid Govt. issued photo ID to the fingerprint tech when you have your fingerprints taken.

Order Summary



Fingerprinting - Please bring the following when you go to the location to have your fingerprints taken.

- **Order ID** - Please make sure to bring in the order ID from the fingerprint registration.
- **Govt. Issued Photo ID** - Please make sure to bring a valid photo ID which can be one of the following:
 - Valid Driver's License - Issued by Colorado or another State.
 - Valid Identification Card - Issued by Colorado or another State.
 - Federal ID Card - With seal or logo from Federal Agency.
 - Valid Commercial Drivers License - Issued by Colorado or another State.
 - Valid U.S. Passport
 - Valid Foreign Passport
 - Valid Passport Book/Card
 - Valid U.S. Military Identification Card
 - Permanent Resident Card/Green Card
 - Enhanced Tribal Card