**BACKGROUND SUBMISSION CHECKLIST**

**[ ]** Background Submission Cover Sheet

**Central Registry (Department of Family Services)**

[ ]  SS-26 Agent; non-fillable form

* Page 1

 [ ]  Name of person being screened

 [ ]  On behalf of employer

* Page 2

[ ]  Names [ ]  SSN [ ]  DOB

[ ]  Ethnicity [ ]  Gender [ ]  Current Address

[ ]  Past address [ ]  Children [ ]  Access Information

[ ]  Original signature (in blue ink) [ ]  Signature date (in blue ink)

**Criminal History Record Information (Federal Bureau of Investigation/Department of Criminal Investigation**

[ ]  FBI/DCI Fingerprint card(s)

**Required Fields and information (Use FBI-DCI Code List for correct codes)**

[ ]  Last Name [ ]  First Name [ ]  Middle Name (if no middle name place NMN)

[ ]  Address (physical with city, ST, ZIP)

[ ]  Citizenship (see FBI-DCI code list item #4) Sex [ ]  Race (see FBI-DCI code list Item #1)

[ ]  Height (format ; ex: 5’07” = 507)

[ ]  Weight [ ]  Eyes (see FBI-DCI code list item #2) [ ]  Hair (see FBI-DCI code list item #3)

[ ]  Place of Birth (see code list item #4) [ ]  SSN

[ ]  Date prints taken [ ]  Signature of Fingerprint Official

[ ]  Employer Address: **Wyoming Department of Health**

 **2300 Capitol Ave -4th Floor**

 **Cheyenne, WY 82002**

[ ]  Reason fingerprinted: **Employee with access to vulnerable individuals W.S. 7-19-201**

**[ ]  Sticky note identifying any missing or partial finger.**

 **Noncriminal Justice Applicant’s Privacy Rights** – This document is not required to be returned with your application. It **must** be provided to the applicant prior to submitting their fingerprints. If you did not receive a copy of this document, please email wdh.backgroundcheck@wyo.gov to request one.

**Payment**

 [ ]  Direct Pay [ ]  Invoice

 [ ]  Account Name [ ]  Account Number [ ]  Amount