



**Department of Facilities Management Government Security Section**

**Collier County Fingerprint Request Form**

**Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **SAP ID #:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Division:** \_\_\_\_\_

I understand that Collier County Ordinance No. 04-52 was amended in October 2007, and requires state and federal criminal history record checks for all applicants and current employees through fingerprinting, and that this is a condition of continued employment. Further, I understand that, so long as I remain employed by Collier County Board of County Commissioners, my fingerprints will be re-submitted every five years as provided for in CH. 1012, Florida Statutes.

I, x \_\_\_\_\_ (Please print legal name) have read and understand the information above regarding the fingerprinting requirements.

**Signature** x \_\_\_\_\_ **Date** x \_\_\_\_\_

**IMPORTANT NOTE:** You must take this form to Facilities Management in order to be fingerprinted. You will be required to reschedule your appointment if you do not have it. This form will be retained by the Facilities Management Department.

*To be filled out by Collier County HR Generalist:*

HR Generalist: \_\_\_\_\_

Fingerprints shall be submitted to: **FDLE**  **DCF - Day Care / 4H** (OAC # **08110185Z**)

**Elder Affairs**  **DCF - Summer Camp** (OAC # **08088163Z**)

*Department of Facilities Management use only:*

Fingerprint ID #: \_\_\_\_\_ Date Fingerprinted: \_\_\_\_\_

Facilities Management Initials: \_\_\_\_\_ Badge Photo/3VR Video Tagged: YES  NO

REVISED – 01/29/2015