

All information and data held by the Department of Workforce Services (DWS) is considered confidential and is protected by government privilege. Access to and use of such information and data is limited to legitimate business needs. Documents or information handled or observed shall be used for official business use only and shall not be disseminated, discussed or conveyed to unauthorized persons. Negligent or willful violation of this agreement will result in dismissal and potential criminal prosecution under A.C.A §. 11-10-106 (d).

The Arkansas Department of Workforce Services also requires a criminal background check to be obtained from the Arkansas State Police for positions where confidential information may be present. My Signature below authorizes a representative of the DWS to obtain information pertaining to my law enforcement record, including but not limited to any record of charge, prosecution, or conviction for civil or criminal offenses. I direct each law enforcement agency to which this form is presented to release any results upon request of DWS.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid until the termination of my affiliation with the Department of Workforce Services. I further acknowledge and agree that I will hold DWS harmless should I suffer any injury or incur any disability at or while traveling to or from DWS. I have read and understand this agreement and will comply with the policy and be bound by its intent.

SIGNATURE:		DATE:	
FIRST NAME:			MIDDLE NAME:
LAST NAME:			
MAIDEN NAME:		OTHER NAMES USED:	
ADDRESS:			
STREET:		CITY:	STATE:
ZIP:			
DATE OF BIRTH:		STATE OF BIRTH:	
MONTH:	DAY:	YEAR:	RACE:
SEX:			
SOCIAL SECURITY NUMBER:		DRIVERS LICENSE NUMBER:	
STATE:			
ADWS COST CENTER NAME:			DAYTIME PHONE NO.:
EMPLOYER NAME OR ENTITY ASSOCIATED WITH:			
SIGNATURE OF LOCAL OFFICE MANAGER:			DATE:

**This form is to be used only for Non-DWS staff such as Work Study and TANF Work Experience**

DWS Local Office Manager should mail the original of this completed form to:

**Department of Workforce Services  
Internal Audit and Security  
Post Office Box 2981  
Little Rock, AR 72203**