



# Monroe County Sheriff's Office

4500 New Hwy 68, Suite 1  
 Madisonville TN 37354  
 Office: (423) 442-3911  
 info@monroetnsheriff.net • monroetnsheriff.com

DATE APPLIED: _____				<b>PLEASE PRINT IN BLUE OR BLACK INK</b>				<b><u>YOU MAY BE ASSIGNED TO ANY SHIFT</u></b>					
POSITION(S) DESIRED: 1) _____				2) _____				3) _____					
PERSONAL HISTORY AND RESIDENT INFORMATION													
NAME IN FULL (PRINT) LAST			FIRST			MIDDLE			SOCIAL SECURITY NUMBER				
CURRENT ADDRESS-STREET						CITY		STATE		ZIPCODE		HOME NUMBER	
LIST ALL OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES; IF FEMALE, FURNISH MAIDEN NAME. IF YOU HAVE EVER USED ANY SURNAMES OTHER THAN YOUR TRUE NAME, DURING WHAT PERIOD AND UNDER WHAT CIRCUMSTANCES WERE THESE NAMES USED? IF YOU HAVE EVER LEGALLY CHANGED YOUR NAME GIVE DATE AND COURT.								CELL NUMBER		PLACE OF BIRTH			
								PRESENT CITIZENSHIP (COUNTRY)				CITIZENSHIP ACQUIRED BY	
								MO		DAY		YEAR	
DATE AND PLACE NATURALIZED						NATURALIZATION CERTIFICATE NUMBER							
IN THE EVENT THIS INFORMATION BECOMES INVALID, PLEASE GIVE THE NAME AND PHONE NUMBER OF A RELATIVE THROUGH WHOM YOU MAY BE REACHED, OR SOMEONE WHO COULD FURNISH YOUR CURRENT ADDRESS AND PHONE NUMBER.													
NAME				RELATIONSHIP				PHONE NUMBER					
Text													
MILITARY SERVICE RECORD													
HAVE YOU EVER SERVED ON ACTIVE DUTY IN THE ARMED FORCES OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>						BRANCH OF MILITARY SERVICE			DATES OF ACTIVE DUTY				
						FROM			TO				
TYPE OF DISCHARGE			BASIS			IF YOUR DD214 IS NOT HONORABLE, i.e. UNCHARACTERIZED, UNDER HONORABLE CONDITIONS, MEDICAL, PLEASE EXPLAIN:							
SERIAL NUMBER		MEMBER OF RESERVE? YES <input type="checkbox"/> NO <input type="checkbox"/>											
		READY <input type="checkbox"/> STANDBY <input type="checkbox"/>											
BRANCH OF SERVICE			WAS ANY TYPE OF DISCIPLINARY ACTION TAKEN AGAINST YOU IN THE SERVICE? (INCLUDE NONJUDICIAL PUNISHMENT(S), IF APPLICABLE) IF YES, PLEASE EXPLAIN:						YES <input type="checkbox"/> NO <input type="checkbox"/>				
ARE YOU OR HAVE YOU BEEN A MEMBER OF THE NATIONAL GUARD YES <input type="checkbox"/> NO <input type="checkbox"/>			IF YOU ATTEND DRILLS, MEETINGS, OR CAMPS GIVE THE NAME OF THE UNIT AND ITS LOCATION										
PERSONAL DECLARATIONS													
DO YOU USE OR HAVE YOU EVER-USED INTOXICANTS? YES <input type="checkbox"/> NO <input type="checkbox"/>													
DO YOU USE OR HAVE YOU EVER USED SUCH ITEMS AS MARIJUANA, HASISH, COCAIN, LSD, AMPHETAMINES, HEROIN, OR DRUGS OF A SIMILAR NATURE? YES <input type="checkbox"/> NO <input type="checkbox"/>													
EMERGENCY CONTACT													
NAME OF PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY				ADDRESS				CITY		STATE		ZIPCODE	
RELATIONSHIP TO APPLICANT			HOME PHONE NUMBER			WORK PHONE NUMBER			OTHER METHOD OF CONTACT				

**YOU MUST HAVE AND MAINTAIN THE ABILITY TO WORK ANY SHIFT DURING YOUR CAREER.**

**EDUCATION**

NAME	ADDRESS	Years Attended	COURSE OF STUDY	GRADUATE? OR GED DATE
HIGH SCHOOL/ISSUER OF GED				
COLLEGE OR UNIVERSITY	LOCATION	FROM	MAJOR	G.P.A.
	DEGREE RECEIVED	TO	MINOR	

SPECIALIZED TRAINING SCHOOLS (INCLUDE NAME, ADDRESS, WHEN ATTENDED, AND AREAS OF STUDY)


**COURT RECORD**

HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH ANY VIOLATION OF LOCAL, STATE OR FEDERAL LAW OR ORDINANCE, INCLUDING TRAFFIC TICKETS AND VIOLATIONS?  
 YES  NO

**IF YOU ANSWERED YES TO THE ABOVE QUESTION, YOU MUST LIST THOSE BELOW PROVIDING ALL INFORMATION REQUESTED. THIS MEANS YOU MUST LIST ALL TRAFFIC TICKETS, ALL CHARGES AND/OR ALL ARRESTS NO MATTER HOW LONG AGO THEY OCCURRED OR IF THEY WERE DISMISSED. THESE CHARGES WILL SHOW UP WHEN YOUR CRIMINAL HISTORY IS CHECKED. IF YOU DO NOT LIST THEM AND THEY SHOW UP ON THE HISTORY CHECK, YOU WILL HAVE SUBMITTED A FALSE APPLICATION AND WILL BE ELIMINATED FROM ANY CONSIDERATION FOR EMPLOYMENT.**

**PLEASE BE AWARE IF YOU HAVE BEEN CONVICTED OF, PLED GUILTY TO OR ENTERED A PLEA OF NOLO CONTENDRE TO ANY FELONY CHARGE OR TO ANY MISDEMEANOR VIOLATION OF ANY FEDERAL OR STATE LAWS OR MUNICIPAL ORDINANCES RELATING TO FORCE, VIOLENCE, THEFT, DISHONESTY, GAMBLING, LIQUOR (INCLUDING DRIVING WHILE INTOXICATED), OR CONTROLLED SUBSTANCES, YOU ARE NOT ELIGIBLE FOR EMPLOYMENT WITH THE MONROE COUNTY SHERIFF'S OFFICE AND SHOULD NOT PROCEED WITH THIS APPLICATION.**

NAME USED	DATE OCCURRED	PLACE/CITY/COUNTY/STATE	CHARGE	DISPOSITION	DETAILS

HAVE YOU EVER BEEN A PLAINTIFF OR DEFENDANT IN A COURT ACTION? YES  NO

IF YOU ANSWERED YES, PLEASE GIVE DATE PLACE COURT, NAMES OR PARTIES INVOLVED, NATURE OF ACTION, AND FINAL DISPOSITION:


**EMPLOYMENT RECORD**

**NOTE: LIST LAST POSITION FIRST. INCLUDE CHRONOLOGICAL HISTORY OF EMPLOYMENT STARTING WITH CURRENT OR MOST RECENT POSITION. ACCOUNT FOR ALL PERIODS INCLUDING CASUAL EMPLOYMENT AND ALL PERIODS OF UNEMPLOYMENT. BE SURE TO INCLUDE MILITARY EXPERIENCE, IF APPLICABLE. IF ADDITIONAL SPACE IS NEEDED FOR EMPLOYMENT HISTORY, ATTACH ADDITIONAL SHEETS OF THE SAME SIZE AS THIS APPLICATION. ALL REFERENCE CHECKS ARE CONDUCTED THROUGH THE U.S. POSTAL SERVICE. ALL APPLICATIONS WITH INCOMPLETE MAILING ADDRESSES WILL NOT BE ACCEPTED.**

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____ ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ _____ PER _____ ENDING \$ _____ PER _____	SALARY/EARNINGS PER WEEK _____ FULL TIME/PER WEEK _____ PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

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DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

**EMPLOYMENT RECORD (CONT'D)**

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
NAME OF IMMEDIATE SUPERVISOR AND PHONE NUMBER		REASON FOR LEAVING	
DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ PER	ENDING \$ PER
		SALARY/EARNINGS PER WEEK	FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

NAME OF EMPLOYER		PHONE NUMBER	
ADDRESS	CITY	STATE	ZIPCODE
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DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ PER	ENDING \$ PER
		SALARY/EARNINGS PER WEEK	FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

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DATES EMPLOYED FROM	TO	SALARY/EARNINGS STARTING \$ PER	ENDING \$ PER
		SALARY/EARNINGS PER WEEK	FULL TIME/PER WEEK PART TIME
DESCRIPTION OF WORK. DESCRIBE YOUR SPECIFIC DUTIES, BEING SURE TO INCLUDE ANY SUPERVISORY, MANAGERIAL, OR SCIENTIFIC PROFESSIONAL EXPERIENCE, IF APPLICABLE.			

Have you ever been dismissed or asked to resign from any employment or position you have held?

YES  NO

If your answer is "YES", please explain on a separate sheet of paper indicating the name of the company, your dates of employment and reason(s) for your dismissal/resignation.

## REFERENCES

PLEASE LIST FOUR REFERENCES (NOT RELATIVES, FORMER OR PRESENT EMPLOYERS, OR FELLOW PRESENT EMPLOYEES) WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITIES, SUCH AS PROPERTY OWNERS, NEIGHBORS, BUSINESS OR PROFESSIONAL MEN OR WOMEN, WHO HAVE KNOWN YOU WELL FOR AT LEAST FIVE YEARS, PREFERABLY THOSE WHO HAVE KNOWN YOU DURING THE PAST THREE YEARS. **YOU MUST PUT COMPLETE MAILING ADDRESSES. APPLICATIONS WITH INCOMPLETE ADDRESSES WILL NOT BE ACCEPTED.**

COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	
COMPLETE NAME		YEARS ACQUAINTED	
ADDRESS	CITY	STATE	ZIPCODE
BUSINESS NAME	BUSINESS PHONE NUMBER	OCCUPATION	

**AVAILABILITY OF APPLICANT**

HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION FOR EMPLOYMENT WITH THE MONROE COUNTY SHERIFF'S OFFICE? YES  NO

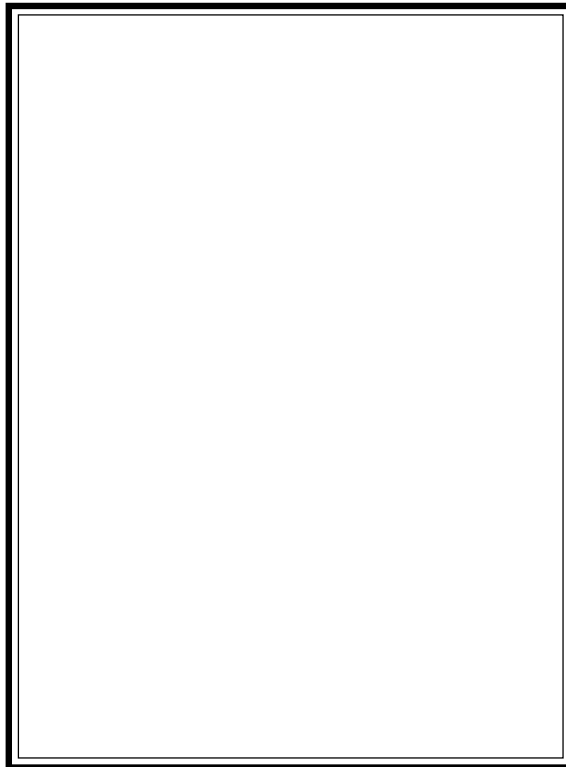
IF YES, WHEN? \_\_\_\_\_ PLACE \_\_\_\_\_

EARLIEST DATE AVAILABLE FOR EMPLOYMENT

HOW MUCH NOTICE TO REPORT TO WORK DO YOU NEED?

IF APPLYING FOR CLERICAL POSITIONS, PLEASE GIVE APPROXIMATE TYPING SPPED AND LIST ANY OTHER OFFICE SKILLS SUCH AS SHORTHAND, FILING, OFFICE MACHINE OPERATION, ETC., WHICH YOU HAVE:

**PLEASE ATTACH A PHOTOGRAPH OF YOURSELF THAT WAS TAKEN WITHIN THE LAST 3 MONTHS**



**ATTENTION THIS STATEMENT MUST BE SIGNED**

I understand that all appointments are probationary for a period of one year at the discretion of the Sheriff, subject to rules and regulations set forth by the Monroe County Sheriff's Office. I agree to submit to a physical examination and all other testing when requested. I understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation. I am aware that willfully withholding information or making false statements on this application will be the basis for dismissal from the Monroe County Sheriff's Office and may constitute a violation of various criminal statutes. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete, to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print or type name

**AUTHORITY TO RELEASE INFORMATION AND RECORDS (PLEASE PRINT CLEARLY)**

I AGREE TO AND UNDERSTAND THE FOLLOWING:

In authorizing a background investigation, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

To: Any person having knowledge of my conduct or activities; or any past or present employer; or any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization; or any Dean, Registrar, Principal, Counselor, Instructor, or other authorized person at a school, (University, College, High School, Trade School, or other); or any Doctor, Hospital, Clinic or Sanitarium, or any Department or Agency of a City, County, or State Government, or of the Federal Government.

I, \_\_\_\_\_ hereby authorize the Monroe County Sheriff's Office or its duly authorized representative, to conduct a background check including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Monroe County Sheriff's Office or its agents, and I release all persons providing information to the Monroe County Sheriff's Office from liability on account of such disclosure. This would include a review of my military service personnel and medical records in the same manner as would be permitted if I represented myself for this purpose. Information to be reviewed may include un-deleted DD Forms 214 and drug/alcohol related information. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## AUTHORITY TO RELEASE INFORMATION AND RECORDS

**TO:** Any person having knowledge of my conduct or activities, any Credit Bureau, Retail Merchants Association, Bank, Financial Institution, or any other Credit Extending Organization.

I, \_\_\_\_\_ hereby authorize the Monroe County Sheriff's Office or its duly authorized representative, to conduct a credit check to determine my eligibility to occupy a position of trust in maintaining the public health and safety. I authorize all persons who may have information relevant to this check to disclose it to the Monroe County Sheriff's Office or its duly authorized representative and I release all persons providing information to the Monroe County Sheriff's Office from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I acknowledge by my signature hereto that this Release constitutes advanced written notice, from the Monroe County Sheriff's Office or its duly authorized representative, that a consumer report may be requested for employment purposes.

---

Print or Type Complete Name

---

Social Security Number  
(for identification only)

---

Print or Type Complete Address

---

Area Code      Phone Number

---

Signature

---

Date



# RECORDS CHECK INFORMATION

## MONROE COUNTY SHERIFF'S OFFICE

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Complete Middle \_\_\_\_\_

List the name you go by \_\_\_\_\_

List all other names you have used, including nicknames; if female, furnish maiden name. If you have ever used any surnames other than your true name. If you have legally changed your name, give date and court \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth (city/state) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Race \_\_\_\_\_ (this is used for criminal history check only)

Social Security Number \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

List all states of residence \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE – FOR USE BY THE MCSO ONLY

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**Criminal History** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**WW Wanted Check** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**QPO** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Warrants Check** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Local History** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Driving Record** \_\_\_\_\_ **Checked by** \_\_\_\_\_ **Date** \_\_\_\_\_

**INFORMATION NEEDED FOR FINGERPRINTING**  
**PLEASE FILL OUT AND GIVE TO THE OFFICER WHO**  
**FINGERPRINTS YOU**

FULL NAME: \_\_\_\_\_  
  LAST  FIRST  MIDDLE

ALIASES/MAIDEN \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SEX \_\_\_\_\_

RACE \_\_\_\_\_

EYES \_\_\_\_\_

HAIR \_\_\_\_\_

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_



## RELEASE OF INFORMATION



The CJIS Security Policy requires that basic security awareness training shall be required within six months of initial assignment, and biennially thereafter, for all personnel who have access to Criminal Justice Information (CJI).

*Criminal Justice Information is the term used to refer to all of the FBI CJIS provided data necessary for law enforcement and civil agencies to perform their missions including, but not limited to biometric, identity history, biographic, property, and case/incident history data.*

*Access to Criminal Justice Information is defined as the physical or logical (electronic) ability, right or privilege to view, modify or make use of CJI.*

Per the CJIS Security Policy (Section 5.2), the following topics related to access, dissemination, security, and misuse of CJI are explained in order to implement security awareness training for those with access to CJI:

### **1. Rules that describe responsibilities and expected behavior with regard to CJI usage.**

Access to and dissemination of CJI, III, CHRI, and NCIC Restricted Files, are only for criminal justice purposes. Such data can only be used for authorized criminal justice purposes, consistent with the purpose for which it was requested. Criminal justice purposes (also known as administration of criminal justice) means performance of any of the following activities: detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders. The administration of criminal justice shall include criminal identification activities and the collection, storage, and dissemination of criminal history record information.

### **2. Implications of noncompliance.**

Agencies are required to develop and publish internal information security policies, including penalties for misuse. Sharing information or using information for anything other than job related criminal justice duties constitutes a violation. Unauthorized requests, receipt, release, interception, dissemination, or discussion of CJIS data/CHRI could be considered a criminal offense and result in criminal prosecution.

### **3. Incident response.**

All agency personnel shall be aware of the agency's procedures for reporting different types of incidents that might have an impact on the security of agency assets and be required to report them as quickly as possible to the designated agency point of contact.

### **4. Media protection.**

Electronic and physical media must be stored within physically secure locations or controlled areas. The agency shall restrict access to electronic and physical media to authorized individuals.

## **5. Visitor control and physical access to spaces.**

A physically secure location is a facility or an area, a room, or a group of rooms within a facility with both the physical and personnel security controls sufficient to protect CJI and associated information systems. All physical access points must be controlled by the agency and they must verify individual access authorizations before granting access by maintaining a list of authorized individuals or issuing credentials to those authorized individuals. Additionally, visitors must be authenticated before authorizing escorted access to the physically secure location. Visitors shall be escorted at all times and their activity monitored.

Support personnel, contractors, and custodial workers with access to physically secure locations or controlled areas (during CJI processing) shall be subject to a state and national fingerprint-based record check unless these individuals are escorted by authorized personnel at all times.

## **6. Protect information subject to confidentiality concerns.**

When no longer necessary, the agency shall sanitize or degauss electronic media prior to disposal or release for reuse by unauthorized individuals. Inoperable electronic media shall be destroyed (cut up, shredded, etc.). The agency shall maintain written documentation of the steps taken to sanitize or destroy electronic media. Sanitization or destruction is witnessed or carried out by authorized personnel.

## **7. Proper handling and marking of CJI.**

The agency shall securely store electronic and physical media within physically secure locations or controlled areas to protect CJI from unauthorized disclosure, alteration or misuse.

## **8. Threats, vulnerabilities, and risks associated with handling of CJI.**

Vulnerability is a condition or weakness in (or the absence of): security procedures, technical controls, physical controls, and other controls that could be exploited by a threat. Vulnerabilities include but are not limited to physical, natural, hardware, and software (e.g., computer placed in non-secure location, connection to internet without a firewall, no virus protection software, etc.).

## **9. Social Engineering.**

Social engineering is the act of manipulating people into performing actions or divulging confidential information. While similar to a confidence trick or simple fraud, the term typically applies to trickery or deception for the purpose of information gathering, fraud, or computer system access; in most cases the attacker never comes face-to-face with the victim. Personnel should always ensure that the individual who is requesting CJI 1) is authorized to receive such data and 2) is who they say they are, and 3) is requesting such data for an authorized purpose.

## **10. Dissemination and destruction.**

Dissemination is the transmission/distribution of CJI to authorized recipients within an agency. Secondary Dissemination is the re-dissemination of CJI from an authorized agency that has direct access to the data to another authorized agency. Secondary Dissemination is the same as "chain of custody" - not only the agency it is given to but

also whose hands it is put it in must be documented. CJI is sensitive information and should be safeguarded accordingly to prevent unauthorized/improper access, use, or dissemination/release. Agencies are required to adhere to all policies promulgated by CJIS, NCIC, TBI, etc. as it relates to the protection of CJI.

Physical media shall be securely disposed of when no longer required, using formal procedures. Formal procedures for the secure disposal or destruction of physical media shall minimize the risk of sensitive information compromise by unauthorized individuals. Physical media shall be destroyed by shredding or incineration. Agencies shall ensure the disposal or destruction is witnessed or carried out by authorized personnel.



## RELEASE OF INFORMATION FORM ACKNOWLEDGEMENT



I hereby certify that I have read and am familiar with the information provided on the Release of Information Form and agree to be bound by those provisions.

I recognize that Criminal Justice Information (CJI) is sensitive and has potential for great harm if misused. I understand that misuse of CJI by, among other things: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using, disseminating or re-disseminating information received for a purpose other than that envisioned by my job duties within this agency, may subject me to administrative and criminal penalties. I understand that accessing CJI for an appropriate purpose and then using, disseminating or re-disseminating the information received for another purpose other than my official criminal justice duties also constitutes misuse. Such exposure for misuse includes, but is not limited to, suspension or loss of employment and prosecution for state and federal crimes.

\_\_\_\_\_  
Printed Name of Employee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name