

Portland Care & Rehabilitation Centre, Inc.

333 MAIN STREET, PORTLAND, CT 06480
TEL: 860-342-0370 / FAX: 860-342-3020

APPLICATION FOR EMPLOYMENT

Instructions: Type or print answers to all questions. Date: _____

Social Security Number: _____ - _____ - _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number with Area Code: _____

Position Applied For: _____ Desired Rate of Pay: _____

Days/Hours Available: _____

What kind of position are you applying for? Full Time Part Time Per Diem

On what date would you be available to start work? _____

Drivers License: YES NO If you are 17 years or younger, enter your age: _____

Have you ever worked at Portland Care Before? YES NO

EMPLOYMENT RECORD

Start with your present or most recent job. List all positions which are necessary for determining your eligibility for employment. List all positions separately, even if with the same employer. Clearly describe the work duties performed. You must fill out this application completely even if a resume is being attached.

Employer (1) _____

Supervisor telephone # _____ Dates employed: _____

Rate/salary _____ Job description _____

Reason for leaving _____

Employer (2) _____

Supervisor telephone # _____ Dates employed: _____

Rate/salary _____ Job description _____

Reason for leaving _____

Employer (3) _____

Supervisor telephone # _____ Dates employed: _____

Rate/salary _____ Job description _____

Reason for leaving _____

Education

Have you graduated High School or received a High School Equivalency Diploma?

___ YES ___ NO If no, circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

1. High School: _____ Address: _____

Dates Attended: _____ Did You Graduate: _____

2. College or University: _____ Address: _____

Dates Attended: _____ Did You Graduate: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ YES _____ NO

Proof of citizenship or immigration status will be required upon employment.

References

You are required to give the names, addresses, and telephone numbers of three references NOT related to you and NOT previous employers.

1. Name: _____ Phone Number: _____

Address: _____

PCRC Comments: _____

2. Name: _____ Phone Number: _____

Address: _____

PCRC Comments: _____

3. Name: _____ Phone Number: _____

Address: _____

PCRC Comments: _____

I UNDERSTAND THAT ANY EMPLOYMENT GIVEN TO ME WILL BE ON A THREE MONTH PROBATIONARY BASIS. If employed by this facility, I will abide by the rules and regulations. I also agree to a pre-employment physical and give permission for the physician to disclose the finding to this facility. All of the foregoing information I have supplied in this application is a full and complete statement of facts and it is understood that if any falsification be discovered, it will constitute grounds for dismissal.

Signature: _____ Date: _____



EMPLOYMENT REFERENCE REQUEST

I hereby release from all liability the company or person below and authorize to release all information regarding my employment with them.

Applicant's Name: _____ (Printed)

Applicant's Signature: _____

Date: _____

Applicant only complete the above fields

The above referenced person has made application to Portland Care and Rehabilitation Centre and is being considered for the position of _____. Please complete the applicable sections below & fax back.

Fax #: 860.342.3020

Phone #: 860.342.0370

Attention to: _____ Fax: _____

Name of Business: _____

Date: _____

Dates Employed: ___/___/___ to ___/___/___

Position: _____ Quality of Work: _____

Would you rehire? YES NO EXPLAIN: _____

Dependability: _____

Comments: _____

Title: _____ Signature: _____ Date: ___/___/___



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Applicant's Signature: _____

Date: _____

Applicant only complete the above fields

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Phone #: 860.342.0370

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Name of Business: _____

Date: _____

Dates Employed: ___/___/___ to ___/___/___

Position: _____ Quality of Work: _____

Would you rehire? YES NO EXPLAIN: _____

Dependability: _____

Comments: _____

Title: _____ Signature: _____ Date: ___/___/___



EMPLOYMENT REFERENCE REQUEST

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Applicant's Name: _____ (Printed)

Applicant's Signature: _____

Date: _____

Applicant only complete the above fields

The above referenced person has made application to Portland Care and Rehabilitation Centre and is being considered for the position of _____. Please complete the applicable sections below & fax back.

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Phone #: 860.342.0370

Attention to: _____ Fax: _____

Name of Business: _____

Date: _____

Dates Employed: ___/___/___ to ___/___/___

Position: _____ Quality of Work: _____

Would you rehire? YES NO EXPLAIN: _____

Dependability: _____

Comments: _____

Title: _____ Signature: _____ Date: ___/___/___

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Fingerprinting Information Form

**Connecticut Department of Public Health, Long-Term Care Background Search Program
410 Capitol Avenue, MS #12LEG, P.O. Box 340308, Hartford, CT 06134**

Phone: (860) 509-8366 Fax: (860) 707-1976

Email: dph.ABCMS@ct.gov Website: www.ct.gov/dph/ABCMS

You have received this form because you have applied for a position for which a criminal history record search is required pursuant to Section 19a-491c of Connecticut's General Statutes. As a result of the background search, you will be listed in the Health Care Worker Registry.

THE FOLLOWING INFORMATION IS REQUIRED SOLELY FOR THE PURPOSE OF PROCESSING AND COMPLETING AN ACCURATE CRIMINAL RECORD SEARCH PURSUANT TO SECTION 19A-491C OF CONNECTICUT'S GENERAL STATUTES.

Last Name	
First Name	
Middle Name	
Suffix	
Maiden or Other Name(s)	
Street Address	
City	
State	
Zip Code	
Social Security Number	<input type="checkbox"/> This is an ITIN

Date of Birth	Hair Color
Race	Height
Gender	Weight
Eye Color	Place of Birth

I understand that the information requested herein regarding race, gender, eye color, hair color, weight, height, place of birth, date of birth and social security number is for the sole purpose of identification. The gathering of this information and the processing of this application is required by the State of Connecticut and Federal Bureau of Investigation for the purpose of a state and national criminal history record check pursuant to section 19a-491c of Connecticut's General Statutes. This information will not be used to discriminate against me in violation of the law.

I certify that the above is true and correct.

Applicant's Name (please print): _____

Signature of Applicant: _____

Date: _____

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Long-term Care Criminal History and Background Search Consent and Disclosure Form
Connecticut Department of Public Health, Long-Term Care Background Search Program
410 Capitol Avenue, MS #12LEG, P.O. Box 340308, Hartford, CT 06134
Phone: (860) 509-8366 Fax: (860) 707-1976
Email: dph.ABCMS@ct.gov Website: www.ct.gov/dph/ABCMS

Health Facility or Agency Name: _____

Date: _____

Applicant Name: _____

Part 1 – Consent to Conduct Criminal History and Background Search

As a condition of being considered for direct patient or resident access positions in long-term care:

- I hereby consent to and authorize the health facility/agency to conduct a criminal history and background search that includes a search of state and federal registries and databases, in addition to a fingerprint-based search of state and federal criminal history records. I understand that this consent extends to the release and sharing of such information with the Connecticut Department of Public Health (Department), Connecticut State Police, and Federal Bureau of Investigation. I hereby release the Department from any and all liabilities, claims or lawsuits in regards to the use of information obtained from any and all sources used.
- I hereby authorize the release of any relevant information to the health facility/agency to be used to conduct the criminal history and background search as required under Section 19a-491c (copy attached) of Connecticut's General Statutes (C.G.S.), Criminal History and Patient Abuse Background Search Program.
- I understand that the health facility/agency may terminate the criminal history and background search or decide not to hire or contract with me at any stage of the process.
- I agree to provide the information necessary to conduct the required criminal history and background search.
- I understand that the Department, Connecticut State Police, and health care facility/agency may receive additional and ongoing criminal history information related to me subsequent to the initial fingerprint-based criminal history record search.

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

Part 2 – This applicant information is required to process a complete and accurate criminal history and background search, as required under C.G.S. Section 19a-491c.

Last Name	
First Name	
Middle Name	
Suffix	
Maiden or Other Name(s)	
Social Security Number	<input type="checkbox"/> This is an ITIN
Date of Birth	
<i>Permanent Address</i>	
Street Address	
City	
State	
Zip Code	
<i>Mailing Address (if different)</i>	
Street Address	
City	
State	
Zip Code	
Telephone Number	<input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work
Secondary Telephone Number	<input type="checkbox"/> mobile <input type="checkbox"/> home <input type="checkbox"/> work
Email Address	

List all residences you have lived at during the past three years:

City	State	Country	Year From (MM/DD/YYYY)	Year To (MM/DD/YYYY)

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

List all cities and states where you have worked during the past three years:

City	State	Country	Year From (MM/DD/YYYY)	Year To (MM/DD/YYYY)

PROFESSIONAL HEALTHCARE LICENSE(S)/ CERTIFICATION(S):

Name (if different)	License/ Certification Type	State	Number

Part 3 – Applicant Disclosure Statements

Have you ever had an administrative finding of abuse, neglect or theft? ____ Yes ____ No

If yes, in what state and year was this finding issued:

Part 4 – Conditional Employment

If the health facility/agency determines it necessary to employ or utilize my services conditionally pending the results of the state and federal criminal history record search, I understand that if the criminal history record search reveals a disqualifying conviction, I will have the opportunity to seek a waiver of disqualifying conviction as specified in C.G.S. Section 19a-491c. But if a waiver is not obtained, my employment or direct access services will be terminated for good cause.

Part 5 – Applicant Rights

- I understand that my fingerprints, if obtained, will be submitted to the Connecticut State Police and Federal Bureau of Investigation in order to search relevant state and federal criminal record databases.
- I understand that the Department will provide me with a copy of any disqualifying record information found on any of the relevant registries or criminal record databases.
- I understand that if I believe the results of any disqualifying information found on any relevant registry or criminal record database is not accurate, it is my responsibility to contact the agency that maintains the registry or database to correct the information. For example, should I believe there is an inaccuracy in the criminal history record results, I understand that such inaccuracy may only be challenged with the relevant law enforcement agency pursuant to C.G.S. Section 54-142I.
- I understand that I may file a waiver request with the Department for waiver of a disqualifying conviction as specified in C.G.S. Section 19a-491c.

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Part 6 – C.G.S. Section 19a-491c and Privacy Rights

- I have received a copy of the C.G.S. Section 19a-491c, Federal Bureau of Investigation United States Department of Justice Privacy Act Statement and Notice of Noncriminal Justice Applicant's Privacy Rights.

I certify that the above is true and correct and give my consent for my name to appear on the Department's Health Care Worker Registry with the results of my criminal history records search.

I affirm that I have not committed a disqualifying offense, and acknowledge that a disqualifying offense reported in the background search, required by C.G.S. Section 19a-491c, shall constitute good cause for termination, and a long-term care facility will terminate me if a disqualifying offense is reported in said criminal history record search if a waiver is not obtained.

Applicant's Name (please print): _____

Signature of Applicant: _____

Date: _____

A copy of this executed form must be kept in each applicant's personnel file.

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

CHAPTER 368v:
HEALTH CARE INSTITUTIONS

Sec. 19a-491c. Criminal history and patient abuse background search program.
Regulations.

(a) As used in this section:

(1) "Criminal history and patient abuse background search" or "background search" means (A) a review of the registry of nurse's aides maintained by the Department of Public Health pursuant to section 20-102bb, (B) checks of state and national criminal history records conducted in accordance with section 29-17a, and (C) a review of any other registry specified by the Department of Public Health which the department deems necessary for the administration of a background search program.

(2) "Direct access" means physical access to a patient or resident of a long-term care facility that affords an individual with the opportunity to commit abuse or neglect against or misappropriate the property of a patient or resident.

(3) "Disqualifying offense" means a conviction of any crime described in 42 USC 1320a-7(a)(1), (2), (3) or (4) or a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation conducted in accordance with 42 USC 1395i-3(g)(1)(C) or 42 USC 1396r(g)(1)(C).

(4) "Long-term care facility" means any facility, agency or provider that is a nursing home, as defined in section 19a-521, a residential care home, as defined in section 19a-521, a home health agency, as defined in section 19a-490, an assisted living services agency, as defined in section 19a-490, an intermediate care facility for individuals with intellectual disabilities, as defined in 42 USC 1396d(d), a chronic disease hospital, as defined in section 19a-550, or an agency providing hospice care which is licensed to provide such care by the Department of Public Health or certified to provide such care pursuant to 42 USC 1395x.

(b) (1) On or before July 1, 2012, the Department of Public Health shall create and implement a criminal history and patient abuse background search program, within available appropriations, in order to facilitate the performance, processing and analysis of the criminal history and patient abuse background search of individuals who have direct access.

(2) The Department of Public Health shall develop a plan to implement the criminal history and patient abuse background search program, in accordance with this section. In developing such plan, the department shall (A) consult with the Commissioners of Emergency Services and Public Protection, Developmental Services, Mental Health and Addiction Services, Social Services and Consumer Protection, or their designees, the State Long-Term Care Ombudsman, or a designee, the chairperson of the Board of Pardons and Paroles, or a designee, a representative of each category of long-term care facility and representatives from any other agency or organization the Commissioner of Public Health deems appropriate, (B) evaluate factors including, but not limited to, the administrative and fiscal impact of components of the program on state agencies and long-term care facilities, background check procedures currently used by long-term care facilities, federal requirements pursuant to Section 6201 of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended from time to time, and the effect of full and provisional pardons on employment, and (C) outline (i) an integrated process with the Department of Emergency Services and Public Protection to cross-check and periodically update criminal information collected in criminal databases, (ii) a process by which individuals with disqualifying offenses can apply for a waiver, and (iii) the structure of an Internet-based portal to streamline the criminal history and patient abuse background search program. The Department of Public Health shall submit such plan, including a recommendation as to whether homemaker-companion agencies should be included in the scope of the background search program, to the joint standing committees of the General Assembly having cognizance of matters relating to aging, appropriations and the budgets of state agencies, and public health, in accordance with the provisions of section 11-4a, not later than February 1, 2012.

(c) (1) Except as provided in subdivision (2) of this subsection, each long-term care facility, prior to extending an offer of employment to, or entering into a contract for, the provision of long-term care services with any individual who will have direct access, or prior to allowing any individual to begin volunteering at such long-term care facility when the long-term care facility reasonably expects such volunteer will regularly perform duties that are substantially similar to those of an employee with direct access, shall require that such individual submit to a background search. The Department of Public Health shall prescribe the manner by which (A) long-term care facilities perform the review of (i) the registry of nurse's aides maintained by the department pursuant to section 20-102bb, and (ii) any other registry specified by the department, including requiring long-term care facilities to report the results of such review to the department, and (B) individuals submit to state and national criminal history records checks, including requiring the Department of Emergency Services and Public Protection to report the results of such checks to the Department of Public Health.

(2) No long-term care facility shall be required to comply with the provisions of this subsection if the individual provides evidence to the long-term care facility that such individual submitted to a background search conducted pursuant to subdivision (1) of this subsection not more than three years immediately preceding the date such individual applies for

employment, seeks to enter into a contract or begins volunteering with the long-term care facility and that the prior background search confirmed that the individual did not have a disqualifying offense.

(d) (1) The Department of Public Health shall review all reports provided to the department pursuant to subsection (c) of this section. If any such report contains evidence indicating that an individual has a disqualifying offense, the department shall provide notice to the individual and the long-term care facility indicating the disqualifying offense and providing the individual with the opportunity to file a request for a waiver pursuant to subdivisions (2) and (3) of this subsection.

(2) An individual may file a written request for a waiver with the department not later than thirty days after the date the department mails notice to the individual pursuant to subdivision (1) of this subsection. The department shall mail a written determination indicating whether the department shall grant a waiver pursuant to subdivision (3) of this subsection not later than fifteen business days after the department receives the written request from the individual, except that said time period shall not apply to any request for a waiver in which an individual challenges the accuracy of the information obtained from the background search.

(3) The department may grant a waiver from the provisions of subsection (e) of this section to an individual who identifies mitigating circumstances surrounding the disqualifying offense, including (A) inaccuracy in the information obtained from the background search, (B) lack of a relationship between the disqualifying offense and the position for which the individual has applied, (C) evidence that the individual has pursued or achieved rehabilitation with regard to the disqualifying offense, or (D) that substantial time has elapsed since committing the disqualifying offense. The department and its employees shall be immune from liability, civil or criminal, that might otherwise be incurred or imposed, for good faith conduct in granting waivers pursuant to this subdivision.

(4) After completing a review pursuant to subdivision (1) of this subsection, the department shall notify in writing the long-term care facility to which the individual has applied for employment or with which the individual seeks to enter into a contract or volunteer (A) of any disqualifying offense and any information the individual provided to the department regarding mitigating circumstances surrounding such offense, or of the lack of a disqualifying offense, and (B) whether the department granted a waiver pursuant to subdivision (3) of this subsection.

(e) Notwithstanding the provisions of section 46a-80, no long-term care facility shall employ an individual required to submit to a background search, contract with any such individual to provide long-term care services or allow such individual to volunteer if the long-term care facility receives notice from the department that the individual has a disqualifying offense in the individual's background search and the department has not granted a waiver pursuant to subdivision (3) of subsection (d) of this section. A long-term care facility may, but is not obligated to, employ, enter into a contract with or allow to volunteer an individual who was granted a waiver pursuant to said subdivision (3).

(f) (1) Except as provided in subdivision (2) of this subsection, a long-term care facility shall not employ, enter into a contract with or allow to volunteer any individual required to submit to a background search until the long-term care facility receives notice from the Department of Public Health pursuant to subdivision (4) of subsection (d) of this section.

(2) A long-term care facility may employ, enter into a contract with or allow to volunteer an individual required to submit to a background search on a conditional basis before the long-term care facility receives notice from the department that such individual does not have a disqualifying offense, provided: (A) The employment or contractual or volunteer period on a conditional basis shall last not more than sixty days, (B) the long-term care facility has begun the review required under subsection (c) of this section and the individual has submitted to checks pursuant to subsection (c) of this section, (C) the individual is subject to direct, on-site supervision during the course of such conditional employment or contractual or volunteer period, and (D) the individual, in a signed statement (i) affirms that the individual has not committed a disqualifying offense, and (ii) acknowledges that a disqualifying offense reported in the background search required by subsection (c) of this section shall constitute good cause for termination and a long-term care facility may terminate the individual if a disqualifying offense is reported in said background search.

(g) Notwithstanding the provisions of subsection (b) of this section, the department may phase in implementation of the criminal history and patient abuse background search program by category of long-term care facility. No long-term care facility shall be required to comply with the provisions of subsections (c), (e) and (f) of this section until the date notice is published by the Commissioner of Public Health in the Connecticut Law Journal indicating that the commissioner is implementing the criminal history and patient abuse background search program for the category of such long-term care facility.

(h) The department shall adopt regulations, in accordance with the provisions of chapter 54, to implement the provisions of this section. The department may implement policies and procedures consistent with the provisions of this section while in the process of adopting such policies and procedures as regulation, provided notice of intention to adopt regulations is printed in the Connecticut Law Journal not later than twenty days after the date of implementation. Such policies and procedures shall be valid until the time final regulations are effective.

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

FBI Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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.

As of 03/30/2018

Applicant Signature: _____ **Date:** _____

TYPE OR PRINT ALL INFORMATION CLEARLY IN INK

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. **All notices must be provided to you in writing.**⁴ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later), by the agency that will receive your criminal history results, when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.⁵
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁶

If you need additional information or assistance, please contact:

<p style="text-align: center;">Connecticut Records: Department of Emergency Services and Public Protection State Police Bureau of Identification (SPBI) 1111 Country Club Road Middletown, CT 06457 860-685-8480</p>	<p style="text-align: center;">Out-of-State Records: Agency of Record OR FBI CJIS Division-Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306</p>
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Applicant Signature: _____

Date: _____

⁴ Written notification includes electronic notification, but excludes oral notification.

⁵ See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

⁶ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).