

WSU Process for CHRI Background Checks

Applies to employees with access to Criminal History Records Information (CHRI)

- A. The WSU designated Point of Contact (POC) for the Federal Bureau of Investigation (FBI) and Bureau of Criminal Apprehension (BCA) will work with department leaders to determine which positions will have access to CHRI. The WSU designated POC is the Assistant Director of Human Resources.
- B. The POC will maintain a University tracking spreadsheet which includes the following fields for those with access to CHRI at WSU:
 1. Department on Campus
 2. Legal last name
 3. Legal first name
 4. Job Title of Employee
 5. Date Sent of Background Check
 6. Date Received of Background Check
 7. Initial Training Completion Date
 8. Training Re-certification Due Date
- C. The POC will arrange a time with WSU Security for the employee to be fingerprinted.
- D. The POC will complete the top portion (next to Organization) of the BCA waiver form, and check “yes” to request a federal check. The employee will be asked to read the consent form and complete the bottom portion.
 - a) The POC will then ask the applicant to complete and sign the top of the fingerprint card using **BLACK INK ONLY**. Ensure they complete the fields highlighted in yellow. They should not complete the following: Your NO. OCA, FBI NO. FBI, Armed Forces NO., Miscellaneous No MNU. The POC will need to write “Winona State University 175 W Mark St, Winona MN 55987” in the Employer and Address” box and “299C.46” in the Reason Fingerprinted box (highlighted in green). EXAMPLE:

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <i>NAM</i>		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <i>AKA</i>		O		R		I	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <i>CITZ</i>		SEX	RACE	HGT.	WGT.	HAIR
			YOUR NO. <i>OCA</i>		Yes or No				
EMPLOYER AND ADDRESS		FBI NO. <i>FBI</i>		DATE OF BIRTH <i>DOB</i>		PLACE OF BIRTH <i>POB</i>			
Winona State University - Attn: <i>YOUR DEPT. NAME</i>		ARMED FORCES NO. <i>MARS</i>		Month		City, State			
175 West Mark Street, Winona, MN 55987		Yes or No		Day					
REASON FINGERPRINTED		SOCIAL SECURITY NO. <i>SSNC</i>		Year					
299C.60.64		MISCELLANEOUS NO. <i>MNU</i>							

- E. The POC will mail the BCA consent form, fingerprint card, and cover letter (and pre-addressed envelope) to the BCA to complete the check.. The BCA will utilize the pre-addressed envelope for returning the background check results to the department. Mail background checks to:

Minnesota Bureau of Criminal Apprehension
Attn: CJIS Section
1430 Maryland Avenue, East
St. Paul, MN 55106

- F. Upon receipt of the background check results, the POC will record eligible or ineligible on the tracking spreadsheet.