

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:  
\_\_\_\_\_  
Notary Public Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
My Commission Expires

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_



Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5-7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS: \_\_\_\_\_

**NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY**

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
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ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input checked="" type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is **REQUIRED** in order to successfully process your request. Requestor **MUST** initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- LH** Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- LH** Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- LH** No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

Name Lesa Binkley, Human Resources, HCRS	Street Address 390 River Street		
City Springfield	State VT	Zip 05156	Telephone Number 802-886-4567 x 2148
Signature of Requestor		Date (Mo/Day/Year)	



**Agency of Human Services**

Adult Protective Services, 103 S. Main Street, Ladd Hall, Waterbury, VT 05671-2306

AND

Child Abuse Registry Unit, 103 S. Main Street, Waterbury, VT 05671-2401

**FORM C**

**CONSENT FOR RELEASE OF REGISTRY INFORMATION**

*This form is for use with the ON-LINE registry checking system ONLY*

This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

**Current or Prospective Employee, Contractor, or Volunteer Information**

Full Name: \_\_\_\_\_ Gender:  Male  Female  
LAST FIRST Middle Initial

Address: \_\_\_\_\_

Last four digits of social security number: XXX-XX-\_\_\_\_\_

Phone number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State, Country

Other **FIRST** names I have used, if any (i.e. Nicknames, Aliases): \_\_\_\_\_  
(Type or Print)

Other **LAST** names I have used, if any (i.e. Maiden Names, Aliases): \_\_\_\_\_  
(Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the **Vermont Adult Abuse Registry** and/or the **Vermont Child Protection Registry** to:

Health Care & Rehabilitation Services of Southeastern Vermont  
**(Print Organization Name)**

\_\_\_\_\_  
**(Prospective) Staff, Contractor, or Volunteer Signature**

\_\_\_\_\_  
**Date**