

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 Nickname(s) Used _____

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 _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060

AND

Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

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: LAST FIRST Middle Initial Gender:

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 Southeast Vermont (Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D



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 ADRESSED, 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

MALE
 FEMALE

SOCIAL SECURITY NUMBER
 (OPTIONAL)

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 Hinkley, Human Resources, HCRS	Street Address 390 River Street
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City Springfield	State VT	Zip 05156	Telephone Number 802-886-4567 x 2148
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Signature of Requestor	Date (Mo/Day/Year)
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Annual Information Disclosure
Please PRINT legibly

Last Name: _____

First Name: _____

Full Middle Name: _____

Address: _____

Birthdate: _____ **Place of Birth** _____

Social Security Number: _____

Gender: _____

Any other Last Names used (i.e. Maiden Names, Aliases)- if none, please answer NONE:

Any other First Names used (i.e. Nicknames, Allases)- if none, please answer NONE:

Other Adults living at this address - if yes they must complete this form and if none, please answer NONE: _____

After carefully reading this Annual Information Disclosure and Authorization form, I authorize Health Care and Rehabilitation Services of Southeastern Vermont, Inc. (HCRS) to order my background report, including investigative reports. I understand that HCRS may rely on this authorization to order additional background reports, including investigative consumer reports, during the period of my contract without asking me for my authorization again as allowed by law.

I also authorize the reporting agencies to disclose to HCRS and UltiPro, as background search agent, 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 contract offer is made. The information that can be disclosed to HCRS and its agent UltiPro 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 that HCRS may rely on this authorization to order background reports, including investigative consumer reports, from companies other than UltiPro without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like a signed original I certify that all of the personal information I provided is true, complete, and accurate.

Signed _____

Dated _____