



BACKGROUND CHECK REQUEST

position: _____

Last Name _____

First Name _____

Middle Name _____

Address _____

City _____

State _____

Zip _____

Birthdate / /

Driver's License Number: _____

State Issued: _____

_____ / _____ / _____

Race: _____

Social Security # _____

Other name(s) by which you have been known (maiden name, etc.): _____

Have you resided in Michigan for the past 10 years? Yes **No – list and sign below**

State(s) lived in 1. _____ 2. _____ 3. _____

Due to the fact that I have not resided in the State of Michigan for each of the previous ten (10) years, five (5) years for Victim Services positions, I am hereby attesting to the fact that I have never been convicted of a felony or identified as a perpetrator.

Signature _____

Date _____

FOR OFFICE USE ONLY

Program Code _____

Manager Authorization _____

OIG CHECK

ICHAT CHECK (Internet Criminal History Access Tool)

SOR CHECK (State Sex Offender Registry)

NATIONAL SOR CHECK (National Sex Offender Registry)

DHS CENTRAL REGISTRY CHECK (REQUIRED FOR EHS, ACC, Bus, WX) -MUST PROVIDE COPY OF LICENSE

It has been determined the above-named applicant is eligible to work with minors.

Determined by: _____ *on:* _____ *5-year redetermination date:* _____

MOTOR VEHICLE RECORD CHECK (results of this check may be shared with the agency's insurance carrier)

Admin signature indicates that the MVR has been reviewed: _____

FINGERPRINTING - MSP VEHCS (MI State Police Volunteer Employee Criminal History Services)

CRIMINAL BACKGROUND (Convictions Only) 1. _____ 2. _____ 3. _____

COMPLETE SIDE TWO

RELEASE and DISCLOSURE AUTHORIZATION

In connection with my application for employment, continued employment (including contract for services) and/or volunteerism, I agree to allow and hereby authorize Human Development Commission to procure a consumer report or investigative consumer report on me. This report may include information as to my character, personal characteristics, mode of living, general reputation, criminal history, credit and indebtedness, academic credentials, employment and/or volunteer history, work habits, job performance, experience, and reasons for termination, education, qualification and motor vehicle driving record. This report may contain information from various public and private sources including without limitation, corporations, courts and law enforcement agencies at the federal, state or county level, courts record repositories, departments of motor vehicles, past or present employers, past or present organizations where volunteering occurred, education institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that this report is subject to a federal law, The Fair Credit Reporting Act (FCRA), and that I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act". According to the Fair Credit Reporting Act, I am entitled to know if employment or volunteer opportunity is denied because of information obtained from a consumer-reporting agency. If employment or volunteer opportunity is denied, I will be notified and provided with the name and address of the consumer-reporting agency.

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state and local level, courts record repositories, departments of motor vehicles, education institutions, the military and licensing or registration entities, contacted to release the information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

Signature of Applicant: _____ Date: _____

****Give the individual a copy of the "A Summary of Your Rights under The Fair Credit Reporting Act".**

EMPLOYEE/VOLUNTEER CONFIDENTIALITY AGREEMENT

I hereby agree to regard all information received in the performance of my work here at the Human Development Commission as confidential.

I further agree to respect the rights of agency customers with regard to privacy of information and to maintain confidentiality in all my statements inside and outside of the agency.

Employee/Volunteer Signature _____ Date _____