


### **6.360.72 - Criminal History Records Disclosure Consent Form**

Please complete the TOP HALF of the following form. The section of the form you need to complete is in the thick black border. The part of the form below your signature will be completed by CMH Human Resources Department.

Once complete, please return it to the CMH EMS Education Director using one of the following methods:

- Scan and email to [theron.becker@citizensmemorial.com](mailto:theron.becker@citizensmemorial.com)
- Fax to 417-328-7209
- Hand deliver to Theron Becker at CMH EMS Headquarters in Bolivar.
- Mail to CMH EMS Education, 1500 N Oakland Ave, Bolivar, MO 65613

**AUTHORIZATION FORM - backgroundcheckadvantage.com (based on 11/16/2016 form)**

		Citizens Memorial Hospital 417-326-6000	
<b>First Name</b>		<b>Middle Name</b>	
<b>Last Name</b>			
<b>Alias / Maiden Name(s)</b>		<b>Will Employee's Salary Exceed \$75,000?</b>	
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Social Security Number</b>		<b>Date of Birth</b>	
		<b>Race</b>	
		<b>Gender</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Mailing Address (NO P.O. Boxes)</b>		<b>City</b>	
		<b>State</b>	
		<b>Zip</b>	
As part of the <input checked="" type="checkbox"/> employment <input type="checkbox"/> volunteer <input checked="" type="checkbox"/> student <input type="checkbox"/> credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or a search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for <input checked="" type="checkbox"/> employment <input type="checkbox"/> volunteer <input checked="" type="checkbox"/> student <input type="checkbox"/> credentialing purposes. I understand that the company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.			
_____ <b>Signature of Applicant</b>		_____ / ____ / ____ <b>Date</b>	
<b>BACKGROUND SEARCHES</b>			
<input type="checkbox"/> <b>OIG</b> (Medicare/Medicaid Fraud & Abuse) <input type="checkbox"/> <b>GSA</b> (Federal Procurement Fraud) <input type="checkbox"/> <b>**FCSR</b> <input type="checkbox"/> <b>SSN Plus</b> (Address & Alias name are included) <input type="checkbox"/> <b>Address Verification</b> <input type="checkbox"/> <b>Alias Name Search</b>			
<input type="checkbox"/> <b>Government Watch List</b> (includes DOC Entry List & Denied Persons List, DOT Specially Designated nationals & Blocked Persons List, DOS Proliferation List & more) <input type="checkbox"/> <b>Wants &amp; Warrants</b> (Nationwide - extraditable only) <input type="checkbox"/> <b>OFAC</b> (Specially Designated Nationals and Blocked Persons List)			
<b>Child Abuse/Neglect</b> - <input type="checkbox"/> IL** <input type="checkbox"/> IA** <input type="checkbox"/> IN** <input type="checkbox"/> KS** <input checked="" type="checkbox"/> MO* <input type="checkbox"/> NE** <input type="checkbox"/> TN <b>Adult Abuse/Neglect</b> - <input type="checkbox"/> KS <input type="checkbox"/> *MO <b>Mental Health Employee Disqualification Registry</b> <input type="checkbox"/> <b>MO EDL</b> (Employee Disqualification List)			
<input type="checkbox"/> <b>FEDERAL COURTS - Criminal State 1:</b> <b>2:</b> <b>SEX OFFENDER</b> <input type="checkbox"/> <b>Nationwide or</b> <input type="checkbox"/> <b>State 1:</b>			
<input type="checkbox"/> <b>DRIVING RECORD</b> State      DL#			
<input type="checkbox"/> <b>PROFESSIONAL LICENSE</b> <input type="checkbox"/> <b>National or</b> <input type="checkbox"/> <b>State</b> _____ Type: _____ License #: _____			
<input type="checkbox"/> <b>EDUCATION</b> School Name (include campus): _____ City/State: _____ / _____ Major: _____ Graduation Date: _____ / _____ Degree Type: _____ (BSN, BA, etc.) Name While Attending: _____ If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.			
<input type="checkbox"/> <b>CHARACTER REFERENCE</b> <input type="checkbox"/> <b>PERSONAL</b> <input type="checkbox"/> <b>PROFESSIONAL:</b> Name _____ Phone: _____ / _____ - _____ <input type="checkbox"/> <b>EMPLOYMENT</b> Company: _____ City/State: _____ / _____ Phone: _____ / _____ - _____ Manager: _____ Start Date: _____ / _____ End Date: _____ / _____ Title: _____ Starting Wage:\$ _____ Ending Wage:\$ _____ Duties: _____ Reason for Leaving: _____ If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.			
<b>LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED</b>			
States with county by county access only: CA, LA, MA, NV, MV, and WY			
<b>County 1:</b>		<b>County 2:</b>	
<b>State:</b>		<b>State:</b>	
<b>County 3:</b>		<b>State:</b>	
<b>STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State</b>			
<input type="checkbox"/> AL* <input type="checkbox"/> AK* <input type="checkbox"/> AZ <input type="checkbox"/> AR* <input type="checkbox"/> CO <input type="checkbox"/> CT* <input type="checkbox"/> DE <input type="checkbox"/> DC* <input type="checkbox"/> FL <input type="checkbox"/> GA* <input type="checkbox"/> HI <input type="checkbox"/> ID** <input type="checkbox"/> IN <input type="checkbox"/> IA* <input type="checkbox"/> KS <input type="checkbox"/> KY <input type="checkbox"/> ME <input type="checkbox"/> MD <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> MS* <input type="checkbox"/> MT <input type="checkbox"/> NE <input type="checkbox"/> NH** <input type="checkbox"/> NJ <input type="checkbox"/> NM* <input type="checkbox"/> NY* <input type="checkbox"/> NC* <input type="checkbox"/> ND <input type="checkbox"/> OH* <input type="checkbox"/> OK <input type="checkbox"/> OR* <input type="checkbox"/> PA <input type="checkbox"/> RI* <input type="checkbox"/> SC <input type="checkbox"/> SD <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> UT* <input type="checkbox"/> VA* <input type="checkbox"/> VT* <input type="checkbox"/> WA <input type="checkbox"/> WI <input type="checkbox"/> U.S. Virgin Islands			
<input type="checkbox"/> Illinois Healthcare - compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal) <input type="checkbox"/> International Criminal MO - includes MO Sex Offender results at no additional cost (MO State Highway Patrol Full-State Repository Criminal search)			
*Required Form(s) & ** Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669			