

HORIZONS, A Family Service Alliance

PO Box 667; Cedar Rapids, IA 52406-0667

Telephone: 319-398-3943 ext. 2104

FAX: 888-600-5616



CRIMINAL HISTORY BACKGROUND CHECK

Relationship: Employer Screening as specified in Chapter 237 of the Iowa Code. Complete and return to Human Resources. Please allow minimum 24 hours to process. The results will be e-mailed to the employee requesting the background check. If further investigation is required by the D.C.I., allow 5-7 business days for the results.

If a criminal, dependent adult abuse, or child abuse conviction is reported by the D.C.I., additional investigation is required by the Department of Human Services. Allow 30 days for the results.

AN IOWA CRIMINAL HISTORY CHECK AND REGISTRY INFORMATION IS BEING REQUESTED ON:

Please Print Legibly

LAST NAME	FIRST NAME	MIDDLE	
MAIDEN NAME	ALIAS OR PREVIOUS MARRIED NAMES		
SOCIAL SECURITY #	DATE OF BIRTH	SEX	PAID OR VOLUNTEER

I hereby give permission for the above requesting organization to conduct an Iowa Criminal History, Dependent Adult and Child Abuse Registry check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

SIGNATURE (must be actual signature - electronic signature unacceptable)	DATE
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Please let us know the best phone number to reach you after the paperwork has been processed. Thank you!

_____ Phone Number

TO BE COMPLETED BY HORIZONS EMPLOYEE

EMPLOYEE & DEPARTMENT
REQUESTING CHECK _____

POSITION/JOB DUTIES OF ABOVE PERSON _____

DATE REQUESTED _____

DATE RECEIVED BY HR _____