



**First Name**

**Middle Name**

**Last Name**

**Alias/Maiden Name(s)**

**Social Security Number**

**Mailing Address (NO P.O. Boxes)**

**City**

**State**

**Zip**

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any 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  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. 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.

**DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Applicant**

**BACKGROUND SEARCHES**

- OIG** (Medicare/Medicaid Fraud & Abuse)     **GSA** (Federal Procurement Fraud)     **\*\*FCSR**
- SSN Plus** (Address & Alias Name are included)     **Address Verification**     **Alias Name Search**
- Government Watch List** (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)
- Wants & Warrants** (Nationwide - extraditable only)     **OFAC** (Specially Designated Nationals and Blocked Persons List)
- Child Abuse/Neglect** –  **IL\*\***     **IA\*\***     **KS\*\***     **MO\***     **NE\*\***     **TN**
- \*MO Mental Health Employee Disqualification Registry**     **MO EDL** (Employee Disqualification List)
- FEDERAL COURTS - Criminal**    **State 1:** \_\_\_\_    **2:** \_\_\_\_    **SEX OFFENDER**     **Nationwide** or  **State 1:** \_\_\_\_
- INTERNATIONAL Background Check** if permanent resident outside the U.S. or worked outside the U.S., in the past 10 years

- DRIVING RECORD**    **State** \_\_\_\_    **DL#** \_\_\_\_\_
- PROFESSIONAL LICENSE**     **National** or  **State** \_\_\_\_
- Type:** \_\_\_\_\_    **License Number:** \_\_\_\_\_

- EDUCATION**    **School Name** (include campus): \_\_\_\_\_
- City/State:** \_\_\_\_\_ / \_\_\_\_\_    **Major:** \_\_\_\_\_    **Graduation Date:** \_\_\_\_ / \_\_\_\_
- Degree Type:** \_\_\_\_\_ (BSN, B.A., etc.)    **Name While Attending:** \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED**

**States with county by county access only: CA, WV and WY**

**County 1:** \_\_\_\_    **State:** \_\_\_\_    **County 2:** \_\_\_\_    **State:** \_\_\_\_    **County 3:** \_\_\_\_    **State:** \_\_\_\_

**STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State**

- AL\***     **AK**     **AZ**     **AR\***     **CO**     **CT\***     **DE**     **DC\***     **FL**     **GA\***
  - HI**     **ID\*\***     **IN**     **IA\*\***     **KS**     **KY**     **LA\***     **MA**     **ME**     **MD**
  - MI**     **MN**     **MS\***     **MT**     **NE**     **NV\***     **NH\*\***     **NJ**     **NM\***     **NY\***
  - NC**     **ND**     **OH**     **OK**     **OR\***     **PA**     **RI\***     **SC**     **SD**     **TN**
  - TX**     **UT\***     **VA\***     **VT\***     **WA**     **WI**
- Note: Louisiana, Nevada & Ohio are Felony Only
- \*Puerto Rico Repository** (Felony Only search & requires Mother's Maiden Name & Address) \_\_\_\_\_
  - Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act** (*IL Police Full-State Repository Criminal*)
  - MO-includes MO Sex Offender search at no additional cost** (*MO State Highway Patrol Full-State Repository Criminal*)

**\*\*\*The following section is to be completed by BJC (1) after job offer is extended or (2) at time of form submission for volunteers, students and during the credentialing process\*\*\***

- Will Employee's Salary Exceed \$75,000?**    **Date of Birth**    **Race**    **Gender**
- No**     **Yes**    \_\_\_\_\_    \_\_\_\_\_     **Male**     **Female**



# Background Check Form

Please print.

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

Alias/Nickname \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security No. \_\_\_\_\_

**The above information is required for ALL volunteers.**

Volunteers age 18 and over - A background check is required on all applicants over 18 years of age. To do a background check, we must have your permanent address and your prior addresses from the past five years.

### Current Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Permanent Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Address for the Past Five Years

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

- Other than minor traffic offenses in which the fine imposed was \$100 or less, have you ever:
- Been convicted of a crime (misdemeanor or felony)?
- Received a probated sentence (including deferred adjudication) for an alleged crime?
- Been assigned a probation officer?
- Plead guilty, no contest, or nolo contendere to an alleged crime?
- Been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect?
- Been listed on the employee disqualification list maintained by the Missouri Division of Social Services, or any other state?

No  Yes If the answer is **YES**, specify the offense, date, place, and court which has a record thereof.

By signing this form, I agree to the following:

I authorize the release of any criminal history records and information to St. Louis Children's Hospital.

I understand that my volunteer assignment is contingent upon a clean background check.

I understand that St. Louis Children's Hospital will conduct a child abuse screening on me through the Division of Family Services and a criminal background check.

I release from all liability or responsibility all persons or organizations requesting or supplying information regarding my character and qualifications.

I have provided information, which is true and complete to the best of my knowledge.

If I have provided false information, I may not be allowed to volunteer or I may be dismissed in the future.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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