



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF-DISCLOSURE APPLICATION AND CONSENT FORM

PART I

I, the below-named applicant, understand that this form cannot be completed until an offer of employment is made. The offer of employment is made pending the results of the investigation of registries and a fingerprint-based background check. I understand that refusal to complete Parts I, II, and III of this form constitutes my rejection of the employment offer.

I, the below-named applicant, swear/affirm, that the information contained within this application is true and correct to the best of my knowledge.

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Clearly answer truthfully YES or NO to the following questions:

	Yes	No
1. Are you addicted to alcohol, a controlled substance or a drug or are you an unlawful user thereof?		
2. Have you ever been convicted of, pled guilty or nolo contendere (no contest) to a misdemeanor or felony in any state or federal court ?		
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?		
4. Are you under indictment or do you have any criminal charges pending against you?		
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?		
6. Are you the subject of a restraining order as a result of a domestic violence act or subject to a verified petition of domestic violence or subject to a protective order?		

NOTE: If any questions 1-6 listed above are answered YES, a brief letter of explanation by the applicant must accompany this form. Failure to provide explanations could result in disqualification.

PART II

Consent for Investigation for Employment Purposes and Acknowledgement of Receipt of Notice

I hereby authorize the Department of Health and Human Resources (DHHR) to conduct an investigation including, but not limited to, registry and state and federal fingerprint-based background checks, into information contained in this application. I understand that my fingerprints will be retained by the West Virginia State Police for the purpose of RapBack services during my employment in a WVCARES covered provider. **Furthermore, I understand that the falsification of any information contained within this application constitutes false swearing and is an excluding act under the fitness determination process being conducted by DHHR.**

I, _____, acknowledge receipt of the information contained in the Notice to All Applicants.
(Applicant's printed name)

Signature of Applicant: _____ Date: _____



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PART III

Applicant Last Name: _____ First Name: _____ MI: _____ Generation (ex. Jr., II): _____

Gov't Issued ID Number/Expiration: _____ State of Issue: _____ Type of ID: _____

Gender: Male _____ Female _____ Race: _____ Height: _____ ft. _____ in. Weight: _____ lbs.

Hair Color: Brown Blonde Bald Eye Color: Blue Hazel Brown
 Black Gray Other Red Black Other
 Red White Green Gray

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Place of Birth (City & State): _____ Citizenship: _____

Current Mailing Address: _____ County: _____

Current Physical Address: _____ County: _____

List all cities and states (outside of WV) where you have lived within the past 5 years and provide approximate dates:

List all cities and states (outside of WV) where you have worked within the past 5 years and provide approximate dates:

List all names and aliases you have used formally and informally (Include maiden names, married names, nicknames, and any other name used or known as):

For Office Use Only (This form expires 60 days after the date of the signature in Part II):

I affirm that I have compared the government issued identification presented by the applicant.

Signature: _____ Date: _____

Printed Name: _____ Position: _____

SUPERVISION EXEMPTION REQUEST

Covered providers that employ only one person per location may request an exemption from the requirement for direct on-site supervision for a provisional employee while the criminal background check and fitness determination are pending. The period of provisional employment shall not exceed 60 days in any case, and the responsibility for the hiring decision ultimately rests with the covered provider. All other provisions of W. Va. Code §16-49-1 et seq. and W. Va. Code of State Rules §69-10-1 et seq. apply.

Name of applicant

Aging and Family Services
Name of facility/provider

Authorized signature



**AUTHORIZATION and RELEASE for
PROTECTIVE SERVICES RECORD CHECK**

Bureau for Children and Families
350 Capitol Street, Room 691
Charleston, WV 25301

Please complete the following and sign below. All applicants to operate a home, program or facility for the care of children or adults and the adult family members, staff or adult volunteers of such home, program or facility are to complete this form.

Please use BLUE INK.

Name (Print your full name. Do not use initials): _____
(First Name) (Middle Name) (Last Name)

Birth Date: _____ Social Security Number: _____

Current Home Address (Give location address, as well as P.O. Box address and County):

If you have not lived at your current address for 5 years, please list the address(es) for your location(s) in the last 5 years: _____

List maiden name (s), and all aliases. Or names known by (Print your full name. Do not use initials):

The name, address and telephone number of the agency which needs to receive verification of the protective services record check:
Aging and Family Services
875 S. Mineral Street, Keyser, WV 26726

Type of Agency you are completing this form for:
 Child Care/Head Start
 Residential Facility Staff
 Other (home health, homemaker services, etc.)

You are completing this form because you are a (check which applies):
 Volunteer Employee Owner/Director
 Household Member of an Adult or Child Care setting

CERTIFICATION:

I certify that have not committed any act of child or adult abuse, neglect or maltreatment, as determined by a civil or criminal proceeding or through an investigation by the WV Department of Health and Human Resources or through any like agency of any other state or country, or that I am currently being investigated for such except as stated below:

AUTHORIZATION:

I authorize the WV Department of Health and Human Resources to conduct a background check on me which includes a search of Child Protective Services records, Adult Protective Services records, and Institutional Investigation Unit records maintained by the Department. I authorize the Department to inform the person or agency named on the front of this form of the results of the background check. **I understand that a positive history of maltreatment in any West Virginia Department of Health and Human Resources protective services record will affect my working in a child care, foster care, or adult care setting.** I release the WVDHHR and/or its agents in providing information pursuant to this authorization from any and all liabilities, claims or lawsuits.

(Signature) (Date)

DHHR OFFICE USE ONLY

_____ **No record of substantiated maltreatment was found**

_____ **Records indicate that maltreatment occurred by the individual**

IF THIS CLIENT HAS ANY QUESTIONS PLEASE CONTACT THE FOLLOWING COUNTY:

COUNTY: _____

INTAKE#: _____

(DHHR Stamp or Initials of Authorized Individual) (Date)