**Criminal Background Check Verification**

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Background Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Results**

Yes □ No □ Did the check return any results?

Yes □ No □ If Yes did any of the charges involve violence or anything thing else that might pose a risk to client care?

Yes □ No □ Is the person cleared to begin work?

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Printed Name of Staff Member Completing Verification Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff Member Completing Verification Date