



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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted of an act of violence involving a deadly weapon or an act of domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you under indictment or do you have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently serving a sentence of confinement, parole, probation or other court ordered supervision?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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: _____