



1. APPLICANT INFORMATION, AUTHORIZATION AND RELEASE
 This section must be completed by the Applicant. Missing information or unreadable applications will be returned.

Legal First Name:	Given Middle Name Indicate if middle name is an initial only. Use N/A if no middle name.	Current Legal Last Name:
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List ALL Maiden, Alias & Previous Married Names:	Phone # Cell or Home (circle one):
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Date of Birth ____ / ____ / ____ MM DD YYYY	Social Security _____ <small>Please enter your full Social Security Number</small>	Email address:
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Mailing Address:	City:	State:	Zip Code:
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2. Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)? Disclose ALL CRIMINAL OFFENSES even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

Yes	If yes to 2, please attach a <u>certified court docket</u> or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement. If you previously submitted the certified court record, attach the conviction list that this office issued with your last screening approval.
No	

3. Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?

Yes	If yes to 3, please attach complete case report showing final outcome. If previously submitted, provide a detailed explanation of the investigation including the names, dates, location and the case number if known.
No	

4. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive months in a U.S. state besides Utah?

Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.
No	

STATE	COUNTY	FROM month/year	TO month/year

6. I authorize the Department of Health and Human Services Division of Licensing and Background Checks to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license, and any other information which may be pertinent to my application according to Utah Code 6A-2-120, 121, 122, and Administrative Rule 501-14. I authorize the DHHS Division of Licensing and Background Checks to continually monitor state, regional, and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, and exploitation activity for as long as I am associated with a DHHS licensed program. I authorize the release of all information and I release and hold harmless the Department of Health and Human Services from any damages resulting from DHHS furnishing such information to authorized agencies. I certify my answers contain no misrepresentations or falsifications, and the information is true and complete. Additionally, I authorize the children between the ages of 12 and 17 listed above to have a youth background screening conducted for foster homes, adoptions and DSPD homes. I have read and understand the FBI RapBack Consent and Privacy Statement located on the Division of Licensing and Background Checks website at hslic.utah.gov/background-screening/applications-forms Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. ****I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.**

copy of your social security card and current driver license, state identification, passport, or military ID for verification of identity and complete the fields below.

Circle Valid Identification Type (Driving Privilege Cards are not acceptable forms of I.D.)	State/Country issued	ID Number	Expiration Date (mm/dd/yyyy)	Gender
	Eye Color	Hair Color	Height	Weight
				Race (please circle) Asian/Pacific Islander Black Native American White Hispanic
				Place of Birth

Applicant Signature: _____ Date: _____