



YOUTH SERVICES SYSTEM, INC.
 PO Box 6041, 87 - 15th Street, Wheeling, WV 26003

APPLICATION SUPPLEMENT

Personal Information		
Name:	Social Security Number:	
Address:	Date of Birth:	
Driving Record <small>(May not be applicable for all positions)</small>		
Driver's License Number:	Issuing State:	Expiration Date ____/____
Have you ever been ticketed for a moving violation? * YES <input type="checkbox"/> NO <input type="checkbox"/>	*If yes please explain:	
Do you have any points on your license currently? *If yes please explain:	*If yes please explain:	
Has your license ever been suspended or revoked? * YES <input type="checkbox"/> NO <input type="checkbox"/>	*If yes please explain:	
Have you received a DUI conviction in the last (5) years? * YES <input type="checkbox"/> NO <input type="checkbox"/>	*If yes please explain:	
RESIDENCE		
<i>Please provide a listing of all residences within the last (5) years for the background check. If you have lived out of West Virginia at any time, please provide all States in which you have lived to allow us to check all state protective service records. If you need more space, please attach additional pages.</i>		
Home Address, City, State, Zip	From	To
Home Address, City, State, Zip	From	To
Home Address, City, State, Zip	From	To
Other States you have lived in:		
CONVICTIONS <small>(Conviction will not necessarily disqualify you from employment)</small>		
Have you ever been convicted of a felony or misdemeanor crime? * YES <input type="checkbox"/> NO <input type="checkbox"/>	Conviction Date: ____/____/____	
Are you currently on probation or parole? * YES <input type="checkbox"/> NO <input type="checkbox"/>	Charge: _____	
<i>*If you clicked yes to one or both of these questions, please complete the information to the right. If you need more space, please use the back of this form.</i>	County & State of Charge: _____	
	Disposition: _____	
Signature	Date	



**AUTHORIZATION FORM
for
BACKGROUND INVESTIGATION**

During the application process and at any time during the tenure of my employment with Youth Services System, Inc., I hereby authorize any subcontractor utilized by my employer, to act on behalf of Youth Services System, Inc., to procure an investigative background report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, past or present employers, departments of motor vehicles, and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

I understand that I may receive notifications to complete steps within this process and I understand that delays in completing this information will delay my background and eligibility for hire.

Applicant/Employee Name (please print)

Signature

Witness

- I authorize** Youth Services to contact me via text message, and understand that standard text and data fees may apply.
- I do NOT** authorize Youth Services to contact me via text message.

Date



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. The form must be legible, and all fields should be filled out as completely as possible to ensure an accurate protective services record check.

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):

Agency Name: Youth Services System, Inc.- Human Resources
(who needs to receive verification of the protective service check)

Agency Address: P.O. Box 6041, Wheeling, WV 26003

Agency Contact Information: 304-218-2888

Agency Type:
 Child Care/Head Start
 Residential Facility/Child Placing Agency
 Other (home health, hospital, service provider, education, etc.)

You are completing this form because you are a (check which applies):
 Employee Volunteer Contracted 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 or neglect, 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, to determine if any maltreatment finding exists. 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

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

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

IF THIS CLIENT HAS ANY QUESTIONS OR NEEDS TO OBTAIN INVESTIGATION RECORDS, THEY MUST CONTACT THE FOLLOWING COUNTY:

COUNTY: _____

INTAKE#: _____

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



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: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

SELF DISCLOSURE APPLICATION AND CONSENT FORM

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: _____



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

NOTICE TO ALL APPLICANTS

Obtaining Criminal History Report: An individual may request a copy of his or her own criminal history report (or proof that one does not exist) for a personal review by visiting MorphoTrust at www.identogo.com or calling 1-855-766-7746.

Appeals: If the applicant wishes to challenge the information contained in the identity history summary, a challenge of record may be filed pursuant to W.Va. St. R. §69-10-8 with the WV State Police at <http://www.wvsp.gov/Criminal%20Records/Pages/default.aspx> and/or the FBI at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

PRIVACY ACT STATEMENT:

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).