



## Region I Office of Human Development

Building Relationships, Reaching Potentials

### **APPLICANT DISCLOSURE AFFIDAVIT**

(Please read carefully)

The State of Nebraska requires that our agency screen prospective employees and volunteers to evaluate whether an applicant might pose a risk of harm to the children, youth and vulnerable adults s/he serves. This disclosure is required to be completed by applicants for positions, in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

EMPLOYEE: \_\_\_\_\_  
Please print complete name

POSITION: \_\_\_\_\_

Anyone hired who will be working directly with individuals in services is subject to criminal background checks as well as checks with the Health and Human Services' Central Registry and the Nebraska State Patrol Sex Offender Registry.

OHO will not allow those employees found to be convicted of the following crimes to work alone with individuals served by the agency.

The undersigned employee affirms that I HAVE NOT at ANY TIME (whether as an adult or juvenile) been convicted of:

**(Check for all items for which you HAVE NOT been convicted.)**

1. Child pornography;
2. Abuse of a child or vulnerable adult;
3. Felony domestic assault;
4. Misdemeanor domestic assault within the last five years;
5. Shoplifting after age 19 and within the last three years;
6. Felony fraud within the last ten years;
7. Misdemeanor fraud within the last five years;
8. Possession of any controlled substance within the last five years;
9. Possession of any controlled substance with intent to deliver within the last ten years;
10. Felony assault without a weapon within the last ten years;
11. Felony or misdemeanor assault with a weapon in the last 15 years;
12. Prostitution or solicitation of prostitution within the last five years;
13. Felony or misdemeanor robbery or burglary within the last ten years;

- 14. Rape or sexual assault; or
- 15. Homicide.

Explanations:

(Please explain for any of the unchecked items, above. If none, write "none.")

Description	Dates
_____	
_____	
_____	

The above statements are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's signature