REGION I OFFICE OF HUMAN DEVELOPMENT

Area Offices
Area I – Chadron/Alliance
Area II – Scottsbluff/Gering
Area III - Sidney

Central Office
2603 Circle Drive PO Box 1327
Scottsbluff, NE 69363-1327
308-635-3444 fax 308-635-6596

APPLICANT DISCLOSURE AFFIDAVIT

(Please read carefully)

The State of Nebraska requires that our agency pre - screen prospective employees and volunteers to evaluate whether an applicant might pose a risk of harm to the children, youth and vulnerable adults they serve. 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 applying with OHD who will be working directly with individuals in services is subject to pre-employment and annual criminal background checks, DMV check, as well as checks with the Health and Human Services' Central Registry and Nurse Aide Registry.

OHD 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.

OHD will not allow those employees when charged pending disposition or convicted of the following crimes to work alone with individuals served by the agency:

The following are a Permanent exclusion, regardless of classification:

1. ☐Homicide or manslaughter
2. ☐Child pornography
3. ☐Human trafficking, sex trafficking, or labor trafficking
4. ☐Neglect, physical abuse, or sexual abuse
5. ☐Rape or sexual assault

The following are a 5-year exclusion from date of conviction, regardless of classification:

6. ☐Medicaid fraud, waste, or abuse crimes*
7. ☐Abuse, neglect or exploitation related crimes against Medicaid participant*

The Following are exclusions: Felony: 5-year exclusion from date of conviction Misdemeanor: 3-year exclusion from date of conviction:

8. ☐Assault, domestic violence, or terroristic threats
9. ☐Destruction of property
10. ☐Fraud
11. ☐Controlled substance/drug use, possession or distribution related crime*
12. ☐Prostitution
13. ☐Solicitation of prostitution
14. ☐Robbery, burglary, or any manner of theft
15. ☐Weapons charges

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The following are a 5-year exclusion from date of most recent conviction for Transportation and PAS providers providing transportation. Driving for the agency will not be allowed in any capacity while a pending convection is present.

16. ☐Driving Under the Influence: two of any combination of DUI charges pending or convictions

Duration of protective order

17. ☐Currently the respondent of a protection order
18. ☐Active warrant

*Two offenses= 10- year exclusion; three or more offenses= Permanent exclusion

Other pending charges and convictions will be considered and weighted to similar offenses included in this list. Generally speaking, this includes charges and/or convictions which, if repeated, could injure or harm a participant or provider program.

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.

_____

Employee's signature

_____

Date

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Fair Credit Reporting Act Disclosure Statement

By this document, Region I Office of Human Development discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION and to Obtain a Consumer Report (Background/Credit Check)

By this document, Region I Office of Human Development discloses that you, the undersigned, authorize and consent to any person, firm, organization (including APS/CPS, DMV check and background checks) provide a copy (including photocopy or facsimile copy) of this Authorization to Release Information by the above stated agencies to release and disclose to such agency any and all information or records requested regarding me, including but not limited to, my employment records, volunteer experience, military records and background.

I, also authorize Region I Office of Human Development to obtain criminal history record information from any law enforcement agency, DMV and background checks. If, I so choose I may obtain a copy of the criminal history results directly from Region I Office of Human Development.

I understand that if my background checks, DMV check and APS/CPS check are not completed I will not be considered for employment with Region I Office of Human Development.

I have authorized this information to be released, either in writing or via telephone, in connection with my application for employment or to be a volunteer at the agency.

I authorize the complete release of these records or data (including: Social Security Number, current and previous residences; employment history, including all personnel files; education, references, credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state, or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records), to conduct a comprehensive review of my background through a consumer report and/or an investigative report to be generated for employment, promotion, reassignment or retention as an employee.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

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Please provide the following information:

Applicant's Full Name (First, Middle, and Last):_____

Any other names the applicant has used: _____

Applicant's Current Address (including city, state):_____

Phone Number:_____

Email address: _____

Any other addresses the applicant has had in the last ten (10) years: _____

_____

_____(may use backside if needed)

Applicant's Social Security Number:_____Date of Birth: _____

Applicant's Valid Driver's License Number:_____State: _____

Any minor children the applicant has lived with and their date of birth, in the last ten (10) years:

_____

_____(may use backside if needed)

_____ _____
Signature of Prospective Employee Witness to Signature

Date:_____ Date: _____