



APPLICATION FOR BACKGROUND CHECK

Personal Demographic Information

*Last Name	
*First Name	
Middle Initial	
Suffix	

Physical	
*Address	
*City	
*State	
*Zip Code	

Mailing	
Address	
(If different from Physical Address)	

Prior Names	
(Maiden, Alias, Previously known as)	

Position Title	
(RN, CNA, etc...)	

Position Status	
(Employee, Volunteer, Student, Contractor)	

Email Address	
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*Required

*Full SSN	
*Date of Birth	
*Race	
*Gender	
*Eye Color	
*Hair Color	
*Height	
*Weight	
US Citizen (Circle one)	Yes or No
*Place of Birth	

Primary Phone #	
Type (Home, Cell, Work)	
Secondary Phone #	
Type (Home, Cell, Work)	

Previous Cities Lived In Last 10 Years			
City	State/Country	From: Yr	To: Yr



Disclosure of Personal History & Release of Information Authorization

Case Number (Eight Digit Number)

Applicants are required to disclose any known civil or criminal information regarding them which would be a barrier to association with the entity which is submitting your application for background check under AS 47.05, or 7 AAC 10.900 – 7 AAC 10.990. Please attach additional pages, if necessary, to complete the required information.

Have you ever been charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a crime listed in 7 AAC 10.905?
No Yes If yes, please describe: _____

Have you ever been found by a court or agency of this or another jurisdiction to have neglected, abused, or exploited a child or vulnerable adult under Children in Need of Aid (AS 47.10), Protection of Vulnerable Adults (AS 47.24), or Office of the Long Term Care Ombudsman (AS 47.62) or a substantially similar provision in another jurisdiction?
No Yes If yes, please describe: _____

Have you been found by a court or agency of this or another jurisdiction to have committed medical assistance fraud under Medical Assistance Fraud (AS 47.05.210) or a substantially similar provision in another jurisdiction?
No Yes If yes, please describe: _____

Have you appeared on the centralized registry established under Centralized Registry (AS 47.05.330) or a similar registry of this state or another jurisdiction?
No Yes If yes, please describe: _____

Release of information Authorization

I certify that the contents of this form and information provided with it are true, accurate, and complete. I understand that a willful misrepresentation of the information provided is cause for immediate denial or later revocation of authorization under Criminal History; Criminal History Check; Compliance (AS 47.05.310).

I, the undersigned, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization will be held in confidence in accordance with DHSS guidelines.

I, the undersigned, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

This form must be signed; if the individual is 16-17 years of age, a parent signature must also be included.

Applicant Signature	Date	Parent Signature (if applicable)	Date
Applicant Printed Name	Applicant SSN	Parent Printed Name	

NOTICE TO ALL VOLUNTEER APPLICANTS

Pursuant to Alaska statutes, Volunteering at Alaska Regional Hospital is contingent on an applicant's ability to pass a criminal history check. Although the results of a provisional valid criminal history check are generally received within a few days, the results of the complete criminal history check may not be known for some months.

If a Volunteer applicant ultimately fails to pass the criminal history check, or if an applicant's acceptance for Volunteer services is subsequently revoked by the Alaska Department of Health and Social Services, the Volunteer applicant's ability to Volunteer at ARH will be immediately rescinded.

I understand that my Volunteer service at Alaska Regional Hospital is contingent on my ability to pass a criminal history check conducted by the State of Alaska Department of Health and Social Services, and that if I fail the criminal history check, or any approval of my employment is subsequently revoked by the Department of Health and Social Services, my Volunteer service will be terminated immediately.

Signature

Printed Name

Date