



ADA Office Must Complete Before Submitting

AD Dallas

Check One Requester Only:

Sherry Hill ext. 6097

Reference – Account & Center Code(s) Check One Only: CAMP, FRN or Other Youth Event

Camp New Horizons 44302-2125

Camp Aurora 44371-2125

(972)392-1181

Job Position – Please check the package you would like run:

New Staff (County Criminal Search 7-Year Scope All Listed Counties & Names, CHIPS 7-Year Scope All Listed Names)

New Healthcare Staff (Professional License Verification, County Criminal Search 7-Year Scope All Listed Counties & Names, CHIPS 7-Year Scope All Listed Names)

New Driver (Motor Vehicle Record 3-Year Scope, County Criminal Search 7-Year Scope All Listed Counties & Names, CHIPS 7-Year Scope All Listed Names)

Returning Staff (County Criminal Search 1-Year Scope All Counties & Names and CHIPS 1-Year Scope All Names)

Returning Driver (Motor Vehicle Record 1-Year Scope, County Criminal Search 1-Year Scope All Counties & Names, CHIPS 1-Year Scope All Names)

For Applicant to Complete:

ADA conducts background checks on all youth volunteers annually. This form provides ADA with your authorization to conduct one search of records related to criminal offenses and driving history. Medical license verification searches are conducted for med staff. Financial information is not within the scope of the search. Background check results are reviewed by ADA staff directly affiliated with youth programs and are held in a secure database.

Full Name (<i>Last, First, Middle</i>)		Date of Birth †		
Previous, Alias or Other Names Known By		Date(s) of Name Change(s)		
Residence Address (<i>Number & Street</i>)		City, State		Zip Code
County	Years at Current Address		Social Security Number †	
Driver's License Number *	State of Issue		Position Applied For	
Professional License Type	License Number	State of Issue	Date of Issue	Date of Expiration

If at current address less than seven years, please complete the following:

Previous Residence (<i>Number & Street</i>)	City, State & Zip Code	Dates at This Address
Previous Residence (<i>Number & Street</i>)	City, State & Zip Code	Dates at This Address
Previous Residence (<i>Number & Street</i>)	City, State & Zip Code	Dates at This Address

† Response to these questions is completely voluntary. You need not respond to have your application considered; however, without this information, we may be unable to distinguish you from another individual in the event we discover adverse information during our background investigation.

* This information will only be used in the normal course of business to obtain lawful information relating to a holder of a commercial driver's license, or to verify information provided by an applicant or employee pursuant to the Driver's Privacy Protection Act, 18 U.S.C. § 27-21 and applicable state laws.

ADA Office to FAX Completed Paperwork (all 3 pages) to EBI at: (410)486-0731 Questions or Concerns? Contact EBI Directly at: (800)324-7700

Please make sure your paperwork is filled out completely and no pages or information are missing. Failure to do so will result in your request being delayed so that that we may retrieve the information needed to process the background check.

Voluntary Disclosure Form (VDF)

All ADA personnel must complete this form each year. For all personnel under 18, the form must be signed by the staff member and a parent or guardian. Incomplete, unsigned or illegible forms will not be processed resulting in significant delays. Please be aware that a criminal conviction may not disqualify you for eligibility of employment. Non-disclosure of a criminal conviction in conjunction with various state and federal laws will disqualify you for eligibility. Complete the requested information below by printing legibly in dark ink.

Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below?

Indecent assault and battery on a child under the age of 14 years of age	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indecent assault and battery on a mentally retarded person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indecent assault and battery on a person 14 years of age or older	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rape of a child under 16 years of age with force	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Assault with intent to commit rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidnapping of a child under 16 years of age with intent to commit rape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distribution and trafficking of narcotics or other controlled substances	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Felony	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Intent to commit any of the above crimes	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the above, please detail the circumstances and charges, including the date of incident, city and state/province: (use a separate sheet of paper if necessary)

Have you ever been adjudicated liable for civil penalties or damages involving sexual or physical abuse of children?
 Yes No **If yes, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

Are you subject to any court order involving sexual or physical abuse of a minor, including but not limited to a domestic order or protection?
 Yes No **If yes, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
 Yes No **If yes, please detail the circumstances and charges, including the date of incident, city and state/province:** (use a separate sheet of paper if necessary)

I understand that:

The ADA may deny employment to any person who answers any of the questions above in the affirmative. In applying for a position the information that I have furnished on this form is subject to verification, which may include a criminal history check and request from any central registry of child abusers. ADA may terminate employment or voluntary service of any person:

- Found to have a history of complaints of abuse of a minor and/or
- Found to have resigned, been terminated, or been asked to resign from a position, whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.

Staff Member's Signature: _____

Date: _____

Signature of Parent or Guardian for staff members under 18: _____

Date: _____

NOTICE AND ACKNOWLEDGMENT
IMPORTANT— PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

NOTICE REGARDING BACKGROUND INVESTIGATION

ADA - ("the Company" or "Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with employers and/or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Employment Background Investigations, Inc. (EBI), P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a Summary of Your Rights Under the Fair Credit Reporting Act. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from EBI all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. **I am aware that my personal credit history will not be accessed or utilized as a part of this investigation.**

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records, transcripts, grades and attendance records, employment history, salary information and references, drug and alcohol testing results) requested by EBI acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Employer (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Employment Background Investigations, Inc., P.O. Box 629, Owings Mills, MD 21117, 1-800-324-7700. The source of any credit report will be TransUnion P.O. Box 1000, Chester, PA 19022, 1-800-888-4213.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
 - A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
 - By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.
- "Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Applicant
Signature: _____

Date: _____