 <<Insert Program Name>>

**NATIONAL SERVICE CRIMINAL HISTORY CHECK**

**VERIFICATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information**  *Name must match the government-issued photo ID used to verify identity* | Last Name  Click or tap here to enter text. | | | | | | First Name  Click or tap here to enter text. | | | | | | MI  Click or tap here to enter text. |
| Position Title  Click or tap here to enter text. | | | | | | | | | | | Start Date  Click or tap to enter a date. | |
| ID Type  Click or tap here to enter text. | | ID Number  Click or tap here to enter text. | | | | | | | | | ID Expiration Date  Click or tap to enter a date. | |
| ------------------------------------------------------------------------------------***OR***------------------------------------------------------------------------------------  Photocopy/scan of government-issued ID (driver’s license or passport) is attached. | | | | | | | | | | | | |
| Level of Access *(choose one)* | | | ***Recurring*** Access to Vulnerable Populations  ***Episodic*** or ***No*** Access to Vulnerable Populations | | | | | | | | | |
| Is this individual serving a consecutive term with break in service of ***less than*** 120 days? | | | No  Yes | | | | If you responded ***Yes***, when was the end date of previous term? | | | | Click or tap to enter a date. | |
| **Statement of Consent**  *To be completed by applicant* ***prior to*** *initiating State and FBI checks* | I, , agree to the following Criminal History Checks to be performed in order to serve as an AmeriCorps Member or work as an employee with <<Insert Program Name>>: **(1)** National Sex Offender Public Website (NSOPW) Check, **(2)** Statewide Repository Checks (for State of Service AND State of Residence), and **(3)** FBI Fingerprint-Based Check. I am aware that my identity must be verified with a government-issued photo ID. I understand that the results of these checks will be kept confidential. I understand that the results of these checks could affect my eligibility to serve in AmeriCorps or work as staff with <<Insert Program Name>>. I understand that I have the right to review the findings.  Applicant Legal Name Printed | | | | | | | | | | | | |
| Please list any aliases or names previously used, such as maiden names  Click or tap here to enter text. | | | | | | | | | | | State of Residence  Click or tap here to enter text. | |
| Applicant Signature  X | | | | | | | | | | | Date Signed  Click or tap to enter a date. | |
| Parent Signature *(required only if applicant is under age 18)*  X | | | | | | | | | | | Date Signed  Click or tap to enter a date. | |
| ------------------------------------------------------------------------------------***OR***------------------------------------------------------------------------------------  Consent form containing signed statement from applicant agreeing to undergo checks and confirming that the applicant understands selection is contingent upon the outcomes of the checks is attached. | | | | | | | | | | | | |
| **National Sex Offender Public Website (NSOPW) Check**  *Must initiate and complete* ***prior to*** *the first day of service or work* | Website of Source Used  **http://www.nsopw.gov** | | | | | | | | | | | | |
| Please check the boxes to confirm the following: | Screenshot/printout from NSOPW check results that includes the date/timestamp for when the search was performed is attached.  All states, territories & Indian Country reported in NSOPW check. If any registries were not reporting at the time of search, documentation that the non-reporting registry was searched directly ***OR*** a second NSOPW search conducted when the missing registry was present is attached.  If the NSOPW search returned any results, documentation of adjudication that shows the candidate is not one of those listed is attached. | | | | | | | | | | | |
| Date Performed  Click or tap to enter a date. | Staff Signature  X | | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | |
| Date Adjudicated  Click or tap to enter a date. | Staff Signature  X | | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | |
|  | Results of Review  *(choose one)* | ***Eligible*** for service/work based on results of NSOPW check  ***Ineligible*** for service/work based on results of NSOPW check | | | | | | | | | | | |
| **Statewide Repository Checks**  *Must initiate* ***no later than*** *the first day of service or work and complete* ***prior to*** *end of service or work* | State of Service  **Texas** | Repository Checked *(choose one)* | | | TxDPS Public Site (name-based) – Results kept  TxDPS Secure Site (fingerprint-based) – Results ***NOT*** kept | | | | | | | | |
| Website of Repository Used  **http://www.dps.texas.gov** | | | | | Search ID *(optional – for TXDPS Public Site only)*  Click or tap here to enter text. | | | | | | | |
| Date Initiated  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Date Completed/Reviewed  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Results of Review  *(choose one)* | ***Eligible*** for service/work based on results of State of Service check  ***Ineligible*** for service/work based on results of State of Service check | | | | | | | | | | | |
| The applicant’s state of residence is **Texas**. The State of Residence check requirement is satisfied by the State of Service check above. The following section is intentionally left blank. | | | | | | | | | | | | |
| State of Residence  Click or tap here to enter text. | Repository Checked  Click or tap here to enter text. | | | | | | | | | | | |
| Website of Repository Used  Click or tap here to enter text. | | | | | Does state law prohibit keeping results? *(choose one)* | | | | | No – Results kept  Yes – Results ***NOT*** kept | | |
| Date Initiated  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Date Completed/Reviewed  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Results of Review  *(choose one)* | ***Eligible*** for service/work based on results of State of Residence check  ***Ineligible*** for service/work based on results of State of Residence check | | | | | | | | | | | |
| **FBI Fingerprint-Based Check**  *Must initiate* ***no later than*** *the first day of service or work and complete* ***prior to*** *end of service or work* | The **TxDPS Secure Site** is the repository checked for the applicant’s State of Service check. The FBI Fingerprint-Based check requirement is satisfied by the State of Service check above. The following section is intentionally left blank. | | | | | | | | | | | | |
| Repository Checked  **TxDPS Secure Site** | | | | | | | Website of Repository Used  **http://www.dps.texas.gov** | | | | | |
| Date Initiated  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Date Completed/Reviewed  Click or tap to enter a date. | Staff Signature  X | | | | | | | Staff Name Printed  Click or tap here to enter text. | | | | |
| Results of Review  *(choose one)* | ***Eligible*** for service/work based on results of FBI Fingerprint-Based check  ***Ineligible*** for service/work based on results of FBI Fingerprint-Based check | | | | | | | | | | | |
| **Accompaniment**  *Required until either the FBI Check* ***OR*** *the State Checks (including both State of Residence* ***AND*** *State of Service Checks) are completed and reviewed* | Is accompaniment necessary for this individual?  *(choose one)* | No  Yes  N/A – Episodic or No Access to Vulnerable Populations | | | | | | | | | | | |
| If you responded ***Yes***, please check the boxes to confirm the following: | Documentation of each instance of accompaniment during service or work with vulnerable populations is attached.  Persons who provided accompaniment have been cleared in their positions. | | | | | | | | | | | |
| **Consideration**  **of Results**  *To be completed by authorized program staff* ***after*** *all required checks have been completed and reviewed* | Statement of Eligibility  *(choose one)* | This individual has been deemed ***eligible*** for service/work with <<Insert Program Name>>.  This individual has been deemed ***ineligible*** for service/work with <<Insert Program Name>>. | | | | | | | | | | | |
| I certify the results of these checks have been kept confidential, the program has paid for the checks, and the program has allowed the individual the opportunity to review any findings from the checks. | | | | | | | | | | | | |
| Date of Consideration  Click or tap to enter a date. | Authorized Program Staff Signature  X | | | | | | | Authorized Program Staff Name Printed  Click or tap here to enter text. | | | | |