

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES  
OFFICE OF LONG TERM CARE

**REQUEST FOR CRIMINAL RECORD CHECK  
AR920160Z**

Please check one:  State Check Only  State and National Check

- Items Needed:
1. This form correctly completed
  2. \$25 check/money order made payable to "Arkansas State Police"
  3. If a national check is also required:
    - a. One completed fingerprint card
    - b. An additional \$16.50 check/money order made payable to "Arkansas State Police"

**Please see the back of this form for instructions on routing and completion of the fingerprint card.**

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Facility ID Code (701) \_\_\_\_\_ Facility Type:  NF  ADC/ADHC  ALF1/ALF2  HDC  ICF/MR  PAHI  RCF  OTHER

\_\_\_\_\_  
Name of Facility Submitting Form Facility Contact Person

\_\_\_\_\_  
Facility Address City State Zip Code Telephone Number (include area code)

**(NOTE: Do not use this form for licensed nurses or other Non-mandated positions)**

Applicant/Employee to be checked: \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Maiden Name Aliases Date of Birth (mo/day/yr) Race Sex (M/F)

Applicant/Employee's address \_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number Driver's License Number State of Issuance

Current or last employer and address \_\_\_\_\_  
City State

Note: The name, address and date of birth listed above must appear on a valid identification document issued by a government entity. Please list the document used if not the person's driver's license: \_\_\_\_\_

The person listed above must list all past felony or misdemeanor charge(s) for which he/she was found guilty of or plead guilty or nolo contendere to:

<u>Date of Charge</u>	<u>Location (City and State)</u>	<u>Description of charge</u>	<u>Sentence/Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\*\*\*\*\*  
Notice: Your current or potential employer may receive copies of the criminal records report or determination of employment eligibility. Prior to completion of a criminal record check, the employer may choose to deny an employee unsupervised access to a person to whom the employer provides care. Any challenge to the accuracy of the report should be directed to the State Identification Bureau (501) 618-8500, #1 State Police Plaza Drive, Little Rock, AR 72209.

I, the undersigned, hereby give my consent for the Arkansas State Police to conduct the required criminal record checks on myself and release any results to the Department of Human Services and my current/potential employer. I further authorize a national records check. I further authorize the Department of Human Services to issue determinations of employment eligibility to my current or potential employer, including a private placement agency or contracted staffing company.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code 5-53-103.

Statement on Oath: I state on oath that the representations made herein are true and correct.

\_\_\_\_\_  
Signature of Applicant/Employee Date

State of Arkansas, County of \_\_\_\_\_

Subscribed and sworn to before a Notary Public in and for the county and state aforesaid, this the \_\_\_\_\_ day of \_\_\_\_\_, (yr) \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (Notary Seal)

My commission expires on \_\_\_\_\_, (yr) \_\_\_\_\_.

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FOR ARKANSAS STATE POLICE USE ONLY  
\_\_\_\_\_ 82001 Civil Records Check @ \$25.00 \_\_\_\_\_ 80000 National Background Check @ \$16.50