The purpose of this form is to obtain your criminal history and provide you an opportunity to explain it. A criminal history does not automatically disqualify you from employment with the Department of Health and Senior Services (DHSS). However, if you misrepresent or fail to fully disclose the requested information, you may not be considered for this position; if you are a current DHSS employee, you may be subject to discipline. If you are selected for this position, the offer of employment will be contingent upon the results of a criminal background check.

Have you ever been convicted, pled guilty or no contest, or received a suspended imposition of sentence in a criminal prosecution under the laws of any state or the United States? (Do not include minor traffic violations. Driving while intoxicated and similar crimes are not considered minor traffic violations.) If you are unsure whether to disclose a particular matter, err on the side of disclosure.

YES  NO

If yes, list the crime(s), date(s), and location(s) (city and state). Use the reverse side if additional space is needed.

Applicant Name (please print): ____________________________

Applicant Signature: ____________________________

Date: ____/____/____

(November 2017)