



DHSS Terms and Conditions of Employment

Name of applicant: (Print) _____ Social Security # _____

Last First Middle

Also known As, Maiden Name, Previous Married Name(s): _____

Date of Birth: ___/___/___ Sex: ___ Race: ___ Telephone Number _____

Address: _____ (Street) (City) (State) (Zip)

Have you been fingerprinted since January 1, 1999, in connection with an application to work at a nursing home or similar facility?

[] Yes [] No If yes, when and for whom? _____

(** To employer – see back of form for information if the response is yes.)

DHSS Employing Agency Name, Contact Person, Telephone Number and Address: _____

E-MAIL ADDRESS:

State law allows employers to hire persons on a conditional basis pending the receipt of required service letters, an Adult Abuse Registry check, a Child Abuse Registry check, State and Federal criminal history records and the results of a drug test so long as the applicant submits proof of fingerprinting and drug testing prior to beginning employment. The final employment decision will be based on a review of the information received. This document provides your authorization for Delaware Health and Social Services (DHSS) to obtain and review this information, ensures that you understand the terms of your conditional employment and informs you of the penalties for not complying with these requirements.

Table with 2 columns: Authorization/Terms of Employment and Applicant Initials. Rows include: AUTHORIZATION, TERMS OF EMPLOYMENT, CIVIL PENALTIES.

I have read and understand the terms and conditions of employment with DHSS as described herein. If the applicant is a minor, a parent or guardian must sign this form.

Name: (Sign) _____ Date: _____

See information on reverse side.

STATE POLICE USE ONLY

Signature: _____ Date: ___/___/___

Mail Reply to: Division of Long Term Care Residents Protection ___No arrest or conviction data in State file. Criminal Background Check Unit Attn: Ken Thompson ___Arrest/Conviction data from State file (attached) 3 Mill Road Suite 308 Wilmington, DE 19806



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To Whom It May Concern:

Title 16, Chapter 11, Subchapter IV, Section 1141, of the Delaware Code requires the Department of Health and Social Services (DHSS) to complete criminal background checks on persons applying for a position in a nursing home or other entity licensed pursuant to 16 Del. C. Ch.11. To assist DHSS in the implementation of this law, we are requiring that persons applying to such facilities sign this release allowing the State Police to:

- proceed with fingerprinting and
- Complete a check of criminal history through the State Bureau of Identification (SBI) and the Federal Bureau of Investigation (FBI).

Title 16, Chapter 11, Subchapter IV, Section 1142, of the Delaware Code also requires employers to send all individuals defined above for mandatory drug testing.

In addition, to facilitate DHSS compliance with this law, we are requiring that persons applying to such facilities sign this release allowing DHSS to:

- Review any other criminal justice information system criminal history or court records that will assist DHSS in determining disqualifying factors for employment.

The purpose of this form is to authorize the State Police to fingerprint the individual named on the form and to subsequently release any criminal history data that is found. The applicant is to take this form to a designated State Police location to be fingerprinted. The State Police representative will keep the form. After the criminal history record check is completed, the State Police will distribute the results. Certified copies of the criminal history record will be mailed out by the State Police as follows: one copy is sent to the DHSS Criminal Background Check Unit, another will be returned to the employer and the final copy is sent to the applicant.

DHSS and the employer, to determine an applicant's suitability for work, will use the information resulting from the background check.

WHAT TO DO IF THE APPLICANT HAS BEEN FINGERPRINTED IN THE PAST PURSUANT TO 16 DELAWARE CODE SECTION 1141

Please highlight the response to the question marked with two (2) asterisks on the other side of this form and forward the form to the address listed below.

For more information on the criminal background check law, please contact:

**Kenneth E. Thompson, Investigative Administrator
Delaware Health and Social Services
Criminal Background Check Unit
3 Mill Road Suite 308
Wilmington, DE 19806**