

Documents needed –

Photo ID (Driver's License – State issued ID)

Education – Diploma, Transcripts (if Applicable)

Central Kentucky Community Action Council, Inc.
Consent Form for a
Release of Information for a Criminal Background Check
for Head Start

I understand that Central Kentucky Community Action Council, Inc. will perform a criminal history background check as part of the procedure for processing my application for employment, promotion, volunteer or consultant.

I understand the reporting agency will conduct an investigation that verifies my social security number, birthdate, current address and previous employment to search for information.

I also understand that a copy of the information should be mailed by me from the reporting agency.

I also understand if I disagree with the accuracy of the information in the report, I must notify Human Resources within three (3) business days of the receipt of the report for the information to appeal the report to the reporting agency.

I understand that the information contained in the criminal history background check will be available to only those persons who are making the employment decision, performing the background investigation and the information will be used for the purpose of employment or promotion decision.

I hereby consent to the Criminal History Background check as described above and authorize Central Kentucky Community Action to procure reports concerning background as stated above.

Signature of Employee _____ Date _____

Signature of Witness _____ Date _____

Approved 11/14/2012

CENTRAL KENTUCKY HEAD START
APPLICATION For EMPLOYMENT
 "WE ARE AN EQUAL OPPORTUNITY EMPLOYER"

Hire Date: _____
PC Approval Date: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS NUMBER STREET	CITY	STATE ZIP
TELEPHONE NUMBER(S) () ()		
POSITION APPLIED FOR		DATE OF APPLICATION

Are you a current or former Head Start Parent?

How did you learn of this position? Staff Social Media Website Career Center Newspaper

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? Yes No

On what date would you be available for work? _____

Can you travel if a position requires it? Yes No

Do you have a valid Kentucky Driver's License? Yes No

If you answer yes to any of the following, please explain in the space below.

Have you ever been convicted of a crime? Yes No

Do you have any pending and/or prior criminal arrests and charges related to child sexual abuse? Yes No

Do you have any pending and/or prior convictions related to other forms of child abuse and/or neglect? Yes No

Have you ever been convicted of a felony? Yes No

Are there any current felony charges pending against you? Yes No

EDUCATION

School Name and Location	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed																	
Date of Diploma/GED																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

References – Personal (must be completed)

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1

2

3

List Professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

EMPLOYMENT EXPERIENCE AND REFERENCES

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1	Employer Name & Address	Dates Employed From To		Work Performed
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer Name & Address	Dates Employed From To		Work Performed
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer Name & Address	Dates Employed From To		Work Performed
	Telephone Number(s)	Hourly Rate/Salary Starting Final		
	Job Title	Supervisor		
	Reason for Leaving			

Special Skills and Qualifications

Do you have any other skills you wish to mention?

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interview Date: ____ / ____ / ____

Position Interviewed For: _____

Position Hired For: _____

Pay Rate: _____ Hourly Salary

Alternate Selected? Yes / No

If so, Name: _____

HR Manager Signature

____ / ____ / ____
Date

APPLICANT CHILD CARE STAFF MEMBER WAIVER AGREEMENT AND STATEMENT

Pursuant to 922 KAR 2:280, Background checks for child care staff members, reporting requirements, and appeals, this form must be completed and signed by every prospective or current employee, volunteer, and licensee for whom fingerprint-based criminal history records are requested by a qualified entity.

I, the undersigned applicant, hereby authorize _____ (hereinafter "qualified entity") to request submission of a set of my fingerprints to the Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Kentucky and national criminal history record that may pertain to me to the Department for Community Based Services, Division of Child Care (hereinafter "DCC") for the purpose of determining whether I am eligible for employment, licensing, or serving as a volunteer under 922 KAR 2:280. I further authorize the DCC to release any record of State criminal history found in the files of the Kentucky centralized criminal history record information system to the above-named qualified entity. I understand that the KSP cannot disseminate any national criminal history record from the FBI to the above-named qualified entity pursuant to 28 C.F.R. 50.12.

I further understand that, until the criminal history background check is completed, the qualified entity may choose to hire me provisionally and deny me unsupervised access to children. I understand that upon written request to the DCC, I will be provided with a copy, if any, of a KSP or FBI criminal history report received on me. I understand that the DCC will only provide my criminal history report by certified mail, restricted delivery service. To receive my criminal history report from the local post office, I understand that I must show proof of identity and provide my signature. I also understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee, or volunteer. If I do not exercise my right to challenge the accuracy and completeness of any information contained in my criminal history report, I agree to hold harmless the KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release the Department for Community Based Services, its officers, agents, and employees, from any liability or damages as a result of actions taken in good faith to comply with 922 KAR 2:280, including the disqualification of an applicant or employee from employment on the basis of a disqualifying offense.

Yes, I have been convicted of, pled guilty to, entered an Alford plea or a plea of nolo contendere to, or am under indictment for, a crime. **If yes, please describe the crime(s) and the particulars below. If extra space is needed please attach additional sheet of paper.** _____

No, I have not been convicted of, pled guilty to, entered an Alford plea or a plea of nolo contendere to, and am not under indictment for, a crime.

I am a current or prospective (check one): **Employee** **Licensee** **Volunteer** **Other (please describe)** _____

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Applicant Date of Birth: _____ Applicant Social Security Number: _____

Applicant Physical Address: _____

TO BE COMPLETED BY THE QUALIFIED ENTITY:

ENTITY NAME:	_____
ADDRESS:	_____
ENTITY ASSIGNED OCA:	_____

KEEP FOR YOUR RECORDS

Applicant and Employee Rights under Kentucky's National Background Check Program

An applicant or employee may: (1) challenge the accuracy and completeness of any information contained in his or her criminal history report, (2) challenge the finding that he or she is the true subject on an abuse registry, or (3) appeal the finding that he or she is not eligible for hire as the result of a State and FBI criminal history check in accordance with the following instructions:

I. Challenge Requests

Pursuant to Kentucky's Criminal History Record Information User Agreement, Section 6.12, a copy of an applicant's KSP and/or FBI rap sheet may be provided to the applicant upon completion of the initial fitness determination. A written request for the rap sheet must be submitted to the DCC at the following address:

Attn: National Background Check Program
Department of Community Based Services
Division of Child Care
275 East Main Street, 3C-F
Frankfort, Kentucky 40621

Upon receipt of the request, the DCC will send a copy of the applicant's rap sheet by certified mail, restricted delivery service. Applicants must show proof of identity and sign for the certified mail to obtain his or her rap sheet from the local post office.

Request to Challenge a KSP rap sheet: If an applicant believes that the information contained in his or her KSP rap sheet is incomplete or inaccurate, the applicant may contact the Kentucky State Police, Criminal Records Dissemination Section, at (502) 227-8700.

Request to Challenge an FBI rap sheet: In accordance with 28 C.F.R. 16.34, if an applicant believes that any information contained in his or her FBI rap sheet is incomplete or inaccurate, the applicant may direct his/her challenge regarding the accuracy or completeness of any entry on his/her record to:

FBI, Criminal Justice Information Services (CJIS) Division
ATTN: SCU, Mod. D-2
1000 Custer Hollow Road
Clarksburg, WV 26306

Abuse Registries: If an applicant believes that his or her name is listed on one of the following abuse registries in error, the applicant may contact the agency responsible for the registry as follows:

- **Kentucky Child Abuse and Neglect Registry** - Contact the Kentucky CHFS Ombudsman Office ○
(800) 372-2973 or (502) 564-5497

Out-of-state abuse registry findings must be addressed with the agency responsible for maintaining the abuse record.

II. Request for Informal Review

If an applicant wishes to challenge the accuracy of the DCC's determination that the applicant is "not eligible for hire" based on the results of the applicant's criminal history check, the applicant may request an informal review as follows:

Step One: The applicant must sign, date, and send a written request for an informal review no later than 10 calendar days from the date of notice of the disqualifying offense to the following address:

Attn: National Background Check Program
Department of Community Based Services
Division of Child Care
275 East Main Street, 3C-F
Frankfort, Kentucky 40621

Step Two: The applicant's written request must include a copy of official documentation verifying the disqualifying offense was dismissed or otherwise removed from the applicant's criminal history report.

*See Request for Administrative Hearing if dissatisfied with outcome of the informal review.

III. Request for Rehabilitation Review

Certain criminal offenses found upon completion of a State and FBI criminal background check are eligible for consideration under the rehabilitation review process. The rehabilitation review process allows an applicant the opportunity to demonstrate that he or she is rehabilitated and not likely to repeat the conduct that led to the disqualifying offense.

Offenses not eligible for consideration under the rehabilitation review process include the following:

1. A disqualifying felony offense that occurred less than ten (10) years prior to the date of the criminal background check;
2. Any disqualifying felony or misdemeanor offense related to abuse, neglect, or exploitation of a child;
3. Registration as a sex offender under federal law or under the law of any state;
4. A sex or violent crime as defined by KRS 17.165; or
5. A child abuse and neglect substantiated finding that:
 - a. Occurred less than five (5) years prior to the date of the registry check; or
 - b. Involved:
 - (i) Sex abuse or sex exploitation of a child;
 - (ii) A child fatality related to abuse or neglect;
 - (iii) A near fatality of a child related to abuse or neglect; or
 - (iv) The involuntary termination of parental rights in accordance with KRS 625.050 through 625.120.

A request for rehabilitation review shall be made as follows:

1. A written request must be signed, dated, and mailed to the National Background Check Program at the following address:

Attn: National Background Check Program
Department of Community Based Services
Division of Child Care
275 East Main Street, 3C-F
Frankfort, Kentucky 40621

Be mailed no later than 14 calendar days from the date of the cabinet's determination issuance; and

2. Be accompanied by a written explanation of each disqualifying criminal offense, including:
 - ✓ A description of the events related to the disqualifying offense;
 - ✓ The number of years since the occurrence of the disqualifying offense;
 - ✓ The age of the offender at the time of the disqualifying offense;
 - ✓ Any other circumstances surrounding the offense;
 - ✓ Official documentation showing that all fines, including court-imposed fines or restitution, have been paid or documentation showing adherence to a payment schedule, if applicable;
 - ✓ The date probation or parole was satisfactorily completed, if applicable;
 - ✓ Employment and character references, including any other evidence demonstrating the ability of the individual to perform the employment responsibilities and duties competently; and
 - ✓ Evidence that the individual has pursued or achieved rehabilitation with regard to a disqualifying background check result.

*See Request for Administrative Hearing if dissatisfied with outcome of the rehabilitation review.

IV. Request for Administrative Hearing

An applicant may appeal the results of an informal review or rehabilitation review by submitting a written request for an administrative hearing to the Office of Ombudsman at the address provided below. The request must be submitted within 30 calendar days of notice of the decision from the informal review or rehabilitation review.

The request for an administrative hearing must be signed, dated, and mailed to the following address:

Attn: Office of Ombudsman
Cabinet for Health and Family Services
275 East Main Street, 1E-B
Frankfort, Kentucky 40621

Kentucky National Background Check Program (NBCP)
Department for Community Based Services
Division of Child Care

DISCLOSURES TO BE PROVIDED TO AND SIGNED BY THE APPLICANT CHILD CARE STAFF MEMBER
Kentucky National Background Check Program (NBCP) Department for Community Based Services,
Division of Child Care

FOR THIS TYPE OF EMPLOYMENT OR LICENSURE, STATE AND FEDERAL LAW REQUIRE A STATE AND NATIONAL CRIMINAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT

By signing this notice of required disclosures, the applicant for employment, volunteer services, or professional licensure, has the responsibility to be aware of the following:

- (1) A set of the applicant's fingerprints will be required to complete a background check in accordance with 922 KAR 2:280 through the Kentucky National Background Check Program (NBCP).
- (2) The applicant must complete and sign the Waiver Agreement and Statement (DCC-500), and provide a government-issued form of identification containing the applicant's photograph (such as a valid driver's license).
- (3) A background check facilitated by the NBCP shall include a:
 - (a) Check of required abuse registries; and
 - (b) Fingerprint-supported state and Federal Bureau of Investigation (FBI) criminal background check, which includes a comparison of the applicant's fingerprints with any latent fingerprints that may be on file with the Department of Kentucky State Police (KSP) or the FBI. The fingerprint images will be used for all criminal justice purposes.
- (4) The applicant's fingerprint images and associated information will be retained by KSP and the FBI in their databases and will be used to determine if the applicant has any criminal history information on file with the State and Federal criminal history repositories. KSP or the FBI will process future searches, including latent fingerprint searches, against the applicant's fingerprints and make full use of them in any criminal prosecution under state or federal law, as well as notify the Department for Community Based Services of subsequent arrests and convictions indicated in the criminal history repositories concerning the applicant.
- (5) Upon submission by the applicant to the fingerprint-supported State and FBI criminal background check, an employer *may* choose to hire the applicant provisionally while the background check is processed. Upon completion of the criminal background check, the Department for Community Based Services, Division of Child Care may release any record of State criminal history found in the files of the Kentucky centralized criminal history record information system to the applicant's current or prospective employer as reported on the DCC-500, Waiver Agreement and Statement.

DCC-501

(R. 12/2017

922 KAR 2:280

(6) The applicant's Social Security Account Number is needed in order to keep records accurate pursuant to the Federal Privacy Act Statement, which may be downloaded at:

<http://www.fbi.gov/aboutus/cjis/cc/library/privacy-act-statement-1>

(7) All information provided to the NBCP, Department for Community Based Services, Division of Child Care shall be kept confidential in compliance with applicable state and federal laws and regulations.

(8) The applicant has the right to request and inspect his or her criminal history record and to request correction of any inaccurate information. If the applicant does not exercise his or her right to inspect criminal history information, the Commonwealth shall not be responsible for the dissemination of inaccurate information, or liable for damages resulting from its determination of the applicant's eligibility for employment.

I HAVE READ, AND UNDERSTAND, THE FOREGOING DISCLOSURES.

Printed Name of Applicant: _____

Date of Birth: _____ Last Four Digits of SSN: _____

Signature: _____ Date: _____

Applicant Pre-Screening Form

(Please Type or Print Clearly)

Name of Facility or Employer:			
Address of Employer:			
Applicant's Last Name:		Applicants First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Gender:
Government Issued ID (Include No. & Type):		State or Agency of Issue:	
Race:	Eye Color:	Hair Color:	Height (feet & inches):
Weight (lbs):	U.S. Citizen (Yes/No):	Place of Birth:	
Phone Number:	Phone Number Type:	Email Address:	
Current Physical Address Line One:		Current Physical Address Line Two:	
City:	State:	Zip Code:	County:
Current Mailing Address (if different):		City:	State:
Zip Code:	County:	Alt Phone Number:	Alt Phone Number Type:

List all residences you have lived at during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

Complete Address	Year From	Year To

List all cities and states where you have worked during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

City	State	Year From	Year To

List any aliases and other names you have ever used; including any other dates of birth and social security numbers: (Use additional sheets if needed)

First Name	Middle Name	Last Name	Date of Birth	Social Security Number

Have you ever been convicted of a crime?

Yes No

If you answered "YES" to the question above, please provide an explanation in this box for each conviction. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Do you have any charges (pending) against you for a crime?

Yes No

If you answered "YES" to the question above, please provide an explanation in this box for each charge. Please provide the following: (1) offense(s) for which you were charged; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?

Yes No

If you answered "YES" to the question above, please provide an explanation in this box, including when and where it happened.

Answering "NO" to all questions does not guarantee employment.

SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

YOU MUST SIGN THIS FORM. Please read the following acknowledgements carefully before you sign.

I understand that information requested regarding gender, race, height, eye color, hair color, weight, place of birth, citizenship and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law.

I understand that a false statement on any part of this form is grounds for either not hiring me, or firing me after I begin work. I consent to the release of information regarding a criminal history on me by the Kentucky State Police, Federal Bureau of Investigation (FBI), and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Applicant's Signature:	Signature of Parent or Guardian if Under Age 18:	
Signature of Authorized Personnel at Hiring Facility:	Title:	Today's Date: