

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Any Other Names Used (Including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Addresses Within The Past Seven Years (use a separate sheet as needed)**

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_



Agency of Human Services

Adult Protective Services, HC 2 South, 280 State Drive, Waterbury, VT 05671-2060
AND
Child Abuse Registry Unit, 280 State Drive, HC 1 North Bldg. B, VT 05671-2401

CONSENT FOR RELEASE OF REGISTRY INFORMATION

This form is for use with the ON-LINE registry checking system ONLY

\*\*\*\* This consent form must be filled out completely and signed by the current employee, prospective employee, contractor or volunteer and kept on file at the requesting organization. The Agency of Human Services reserves the right to audit these consent forms at any time.

Current or Prospective Employee, Contractor, or Volunteer Information

Full Name: LAST FIRST Middle Initial Gender:

Address:

Last four digits of social security number: XXX-XX

Phone number: Birth Date: Place of Birth: City, State, Country

Other FIRST names I have used, if any (i.e. Nicknames, Aliases): (Type or Print)

Other LAST names I have used, if any (i.e. Maiden Names, Aliases): (Type or Print)

I hereby authorize release of any information of reports of abuse, neglect or exploitation substantiated against me and contained in the Vermont Adult Abuse Registry and/or the Vermont Child Protection Registry to:

Health Care & Rehabilitation Services of Southeast Vermont
(Print Organization Name)

(Prospective) Staff, Contractor, or Volunteer Signature

Date

FORM D



Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 - 7 working days - A SELF ADRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME	FIRST NAME	MIDDLE INITIAL
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DATE OF BIRTH (REQUIRED) Month / Day / Year	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SOCIAL SECURITY NUMBER (OPTIONAL)
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ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)	<input type="checkbox"/> PERSONAL REVIEW	<input type="checkbox"/> FOREIGN TRAVEL/ IMMIGRATION	<input type="checkbox"/> MILITARY
	<input type="checkbox"/> ADOPTION	<input type="checkbox"/> CIVIL COURT PROCEEDING	<input type="checkbox"/> PARDON
	<input type="checkbox"/> CHILD CUSTODY	<input type="checkbox"/> LICENSING	
	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	
	<input type="checkbox"/> OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE		

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is REQUIRED in order to successfully process your request. Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(c), which governs the release of criminal conviction information to the public, I understand:

- LH   Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- LH   Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- LH   No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

Name Lesa Hinkley, Human Resources, HCRS	Street Address 390 River Street		
City Springfield	State VT	Zip 05156	Telephone Number 802-886-4567 x 2148
Signature of Requestor		Date (Mo/Day/Year)	



John J. Barthelmes  
Commissioner of Safety

# State of New Hampshire

DEPARTMENT OF SAFETY  
DIVISION OF MOTOR VEHICLES  
STEPHEN E. MERRILL BUILDING  
23 HAZEN DRIVE, CONCORD, NH 03305  
Telephone: (603)227-4000 TDD Access Relay NH 7-1-1



Elizabeth A. Bielecki  
Director of Motor Vehicles

## RELEASE OF MOTOR VEHICLE RECORDS FORM DSMV 505 (Rev. 1/18)

STEP 1 <b>What information are you requesting from the DMV?</b>				
DRIVER Information:	REGISTRATION Information:	TITLE Information:	TICKET, ACCIDENT OR COURT Information:	OTHER Information:
<input checked="" type="checkbox"/> Driver record, certified copy (\$15) <input type="checkbox"/> Driver record, insurance copy (\$15) <input type="checkbox"/> A copy of a driver license application (\$15) <input type="checkbox"/> A letter verifying a NH driver license (\$15) <input type="checkbox"/> A copy of a Driver Education Certificate (\$1)	<input type="checkbox"/> Certified copy of a vehicle registration for year: _____ (\$15) <input type="checkbox"/> Report of only currently registered vehicles (\$5) <input type="checkbox"/> A letter verifying a NH boat or vehicle registration, or walking disability placard (\$15) <input type="checkbox"/> A copy of a bill of sale (\$1)	<input type="checkbox"/> Title history search for a vehicle (\$20) (this is not a duplicate title) <input type="checkbox"/> Owner's supporting documents submitted when applying for a title (\$1 per page) <b>Out-of-state company request for a title search of an owner's information (\$20):</b> <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle <b>NH company request for owner's information:</b> <input type="checkbox"/> Storage or Mechanic's Lien <input type="checkbox"/> Abandoned Vehicle (must attach a TDMV 71, which can be found on our website <a href="http://www.nh.gov/dmv">www.nh.gov/dmv</a> )	<input type="checkbox"/> Copy of a ticket (\$1 per page): _____ <input type="checkbox"/> Copy of a suspension notice (\$1 per page): _____ <input type="checkbox"/> Copy of a restoration letter (\$1 per page): _____ <input type="checkbox"/> An accident report (\$5 minimum, \$1 per page. You will be notified if cost exceeds \$5). Please complete the information to the right → → → → → <input type="checkbox"/> Copy of an insurance card related to an accident (\$1).	<input type="checkbox"/> Other (please specify): _____ _____ _____ <b>Date of accident:</b> _____/_____/_____ <b>Location of accident:</b> _____ Street or Route _____ City/Town

STEP 2 <b>Who are you?</b> Check ONE of the four boxes below:	<b>Whose information are you looking for (the record holder's information)?</b>
<input type="checkbox"/> <b>I AM THE RECORD HOLDER OR VEHICLE OWNER</b> of the above documents I am seeking. <input type="checkbox"/> I am representing myself in a court case. Docket # _____ Court: _____	*Full first name: _____ *Full middle name: _____ *Full last name: _____ <small>(Be sure to include a hyphen if applicable.)</small> *Date of birth: _____/_____/_____ Last known address: _____ Driver license or ID #: _____ Registration or plate #: _____ Vehicle ID (VIN) #: _____
<input checked="" type="checkbox"/> <b>I AM NOT THE RECORD HOLDER</b> , but the record holder has approved this request and has had their signature notarized in Step 4. The requestor may NOT be the Notary or Justice of the Peace.	<b>*Required Information</b>
<input type="checkbox"/> <b>I AM NOT THE RECORD HOLDER</b> but I am a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 280:14. If checking this box, you must disclose what you intend to use this information for. You must also submit a Certificate of Authority, or a current one must be on file at the DMV (see Step 5 for both requirements).	

STEP 3 <b>Information of the person filling out this form (the requestor):</b>	
*Your full name: _____ <small>(Be sure to include a hyphen if applicable.)</small>	Name of company (if applicable): <u>HireRight, LLC</u>
*Mailing address: <u>100 Centerview Dr, Suite 300</u> <small>(If information is mailed, it will be mailed to this address)</small>	
*City/Town, State, Zip: <u>Nashville, TN 37214</u>	*Your phone number: <u>(800) 697-7189</u>

\*\*\*CONTINUED ON NEXT PAGE - SIGNATURE REQUIRED (SEE STEP 7)\*\*\*

**STEP 4**

**Notary Public or Justice of the Peace Acknowledgment**

I am the record holder and I authorize my record to be released to the requester listed in Step 3:



This Acknowledgment is required to be signed by the record holder ONLY if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section **DOES NOT** need to be completed, and you may proceed to Step 6.

\_\_\_\_\_  
Signature of record holder Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ ss. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The above named \_\_\_\_\_ personally appeared and made oath that the above declaration by him/her is true.

\_\_\_\_\_  
Notary Public/Justice of the Peace Commission expires \_\_\_\_\_

Affix Seal

**STEP 5**

**Intended Use of Information:** To be completed only if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

- For use in connection with any **civil, criminal, administrative or arbitral proceeding**. [RSA 260:14, V(a)(2)].  
Docket #: \_\_\_\_\_ Court: \_\_\_\_\_
- By a **bank or similar institution** to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14, V(a)(3)].
- For providing notice to the owner(s) of a **towed or impounded vehicle** [RSA 260:14, V(a)(5)]
- For providing notice to the owner(s) for a **Mechanic's Lien**
- For use by any **private investigative agency or security service** licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a)(7), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14 V(a)(8). Indicate specific reason here: \_\_\_\_\_ [RSA 260:14, V(a)(6)].
- By an **employer or its agent or insurer** to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].
- By a **public utility** to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V(a)(9)].
- For an **insurance company** or its authorized agent [RSA 260:14, IV(a)(2)].
- For use by a **life insurance company** authorized to write life insurance policies, or its authorized agent. In checking this, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating and underwriting. [RSA 260:14, V(a)(10)]. Initial here: \_\_\_\_\_

**Requirements for a Certificate of Authority:**

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31<sup>st</sup>.
7. All requests requiring a C.O.A. must be completed at Concord DMV.

**STEP 6**

**IMPORTANT!!! Please read the penalty clause below:**

RSA 260:14, IX states as follows: (a) A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

**STEP 7**

**Signature (this step is required):**

I have read the NH law RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**STEP 8**

**Submit your request:**

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."

**Annual Information Disclosure**  
**Please PRINT legibly**

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Full Middle Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Any other Last Names used (i.e. Maiden Names, Aliases)- If none, please answer NONE:**

\_\_\_\_\_

**Any other First Names used (i.e. Nicknames, Aliases)- If none, please answer NONE:**

\_\_\_\_\_

**Other Adults living at this address - If yes they must complete this form and  
If none, please answer NONE:** \_\_\_\_\_

After carefully reading this Annual Information Disclosure and Authorization form, I authorize Health Care and Rehabilitation Services of Southeastern Vermont, Inc. (HCRS) to order my background report, including investigative reports. I understand that HCRS may rely on this authorization to order additional background reports, including investigative consumer reports, during the period of my contract without asking me for my authorization again as allowed by law.

I also authorize the reporting agencies to disclose to HCRS and UtilPro, as background search agent, all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state, and local agencies; federal, state, and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state, or local laws and only after a conditional contract offer is made. The information that can be disclosed to HCRS and its agent UtilPro and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that HCRS may rely on this authorization to order background reports, including investigative consumer reports, from companies other than UtilPro without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like a signed original. I certify that all of the personal information I provided is true, complete, and accurate.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**DISCLOSURE AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION FOR  
EMPLOYMENT PURPOSES**

**Disclosure**

Health Care & Rehab. Services Of Southeastern Vermont, Inc. (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 100 Centerview Dr, Nashville, TN 37214, (800) 400-2761, [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

**Authorization**

I hereby authorize Company to obtain the consumer reports described above about me.

Applicant Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_