

WESTERN VIRGINIA EMS COUNCIL-BUSINESS PAY #11113
STUDENT INFORMATION

FULL NAME _____

Any Other Names Used _____

Email address: _____ (Provide if you prefer to receive information via email)

Social Security No. _____ / _____ / _____ Date of Birth ¹ _____ / _____ / _____

Current Address _____ City _____ State _____ Zip _____

Driver's License State _____ No. _____

Please provide all locations where you have resided for the past seven (7) years, starting with your current residence. For additional entries, please attach another sheet of paper.

	City	State	Dates	From:	To:
1.	_____	/ _____	_____	_____	_____
2.	_____	/ _____	_____	_____	_____
3.	_____	/ _____	_____	_____	_____

Criminal History

Please read carefully before responding to the criminal history question at the bottom of this section:

*Do not report any conviction that has been sealed, expunged, statutorily eradicated, annulled, impounded, erased, dismissed, dismissed under a first offender's law, pardoned by the Governor or which state law allows you to lawfully deny as set forth below. **You must review the state law information below before answering.** You are also not required to disclose violations, infractions, petty misdemeanors or summary offenses.

A conviction will not necessarily be a bar to employment. This information will only be used for job-related purposes consistent with applicable law and is only relevant in determining whether the conviction is related to the job for which you are applying. Factors such as age at the time of the offense(s), recentness of the offense(s), seriousness of the offense(s), nature of the violation(s), its relation, if any, to the job you are seeking, and rehabilitation will be taken into account. Failure to honestly answer these questions may result in discontinued consideration of your application or termination of employment.

State Law Information

- * **California employees/residents:** You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. Do not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976.
- * **Connecticut employees/residents:** You need not disclose any conviction record that has been erased pursuant to sections 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Records subject to erasure under these sections are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that was dismissed or nulled, or a criminal charge for which the person was found not guilty or received an absolute pardoned conviction. Any person whose records were erased within the meaning of these three sections may consider such events to have never occurred and may so swear under oath.
- * **Massachusetts employees/residents:** An applicant for employment with a sealed record on file with the commissioner of probation may answer "no" to the above with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer "no" to the above with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. You may exclude information regarding first convictions for the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or a conviction for any misdemeanor where the conviction occurred or any prison sentence ended five or more years ago whichever date is later, unless you have been convicted of another offense within the last 5 years.

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STUDENT DISCLOSURE

APPLICANT'S FULL NAME _____
Any Other Names Used _____
Social Security No. ____ / ____ / ____ Date of Birth _____
Current Address _____
City _____ State _____ Zip _____
Driver's License State _____ D.L. Number _____
Address on D.L.: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The prospective organization ("the Company") may obtain information about you from a consumer reporting agency made in connection with your clinical privileges as a student. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888)PreCheck [1-888-773- 2432] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your clinical privileges as a student to the extent permitted by law. I understand the information obtained will be used as one basis for extension or denial of clinical privileges. I hereby give permission to PreCheck Inc. to disclose the contents of the report to my school program and any healthcare facility I come into contact with as part of my clinical education.

Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

- * **Philadelphia, PA employees/residents:** You may exclude convictions that occurred more than 7 years from the date of the inquiry. Any period of incarceration should not be included in the calculation of the 7 year period
- * **San Francisco, CA employees/residents:** You may exclude convictions that occurred over seven years ago and a conviction or any other determination or adjudication in the juvenile justice system, or information regarding a matter considered in or processed through the juvenile justice system.
- * **Seattle, WA employees/residents:** In addition to the above, you may exclude a criminal conviction that has been the subject of a certificate of rehabilitation or other equivalent procedure based on a finding of the rehabilitation
- * **Washington State employees/residents:** You may exclude convictions that occurred over ten years ago
- * **Georgia:** Applicants may exclude convictions discharged under Georgia's First Offender Programs.
- * **Nevada:** Applicants are not required to disclose misdemeanor convictions which resulted in imprisonment older than 10 years.
- * **Ohio:** Applicants with a conviction for a minor misdemeanor violation involving marijuana does not constitute a criminal record and does not need to be reported by the person so convicted in responding to the questions on this application.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony?*

Yes No (You must provide details if you answer Yes.)

Offense _____ County _____ State _____ Date _____

Offense _____ County _____ State _____ Date _____

I have read and understand the above information and assert that all information provided by me is true and accurate.

Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

¹ The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

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STUDENT AUTHORIZATION

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout the term of my employment, contract or clinical privileges as a student, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreCheck, Inc., 3453 Las Palomas Rd. Alamogordo, NM 88310; 1(888) PreCheck [1-888-773-2432] another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

My present employer may be contacted for a job reference. Yes No

By signing below, I confirm that I have read and understand the above information and that I provide my consent.

Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____