**Virginia Department of Health – Request for Background Investigation**

***Employer Information (Type or Print)***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** (m/d/yy) | **Requesting District or Office** | | | **Email ID for District/Office Contact** | | **Telephone** (Area Code & Extension) | | | | |
| **Position #** | **EWP Role Code** | **Working Title from EWP** | | | **Sensitivity** (As Determined on HR8S) | | VDH Tax Exempt ID Number:  54-6001775 | | | |
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| **Copies of the following as applicable:**  State Application (employees)  Social Security Card  Diploma  Driver’s License  Professional License  Reference Checks  DD214 (veterans only)  Driver Safety Policy Acknowledgement  Intern, Volunteer, Contractor Information Form | | | | | **Originals of the following:**  HR-15  Fingerprint Card  Original Education Transcript | | | **Employment Status:**  Classified Employee:  Wage Employee:  Volunteer:  Contractor:  Intern: | |
| **Financial Codes for BI Billing:**  Cost Code:  FIPS Code:  PSD Code: | | | **Position Information:**  Subject to Probationary Period: Yes  No  Internal VDH Transfer (Competitive or Sensitivity Level Change): Yes  No  Required to Operate a Motor Vehicle for VDH Business: Yes  No  (Submit Copy of Driver Safety Policy Acknowledgement) | | | | | |
| **Name of Person Requesting this Investigation** | | | | | **Signature** | | | | |

***Applicant Information (Type or Print)***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name** | | | | | **First Name** | | | | | | **Middle Name or NMN** | | | **Date of Birth** (m/d/yyyy) | | | |
| **Social Security Number:** | | | | **Driver’s License Number:** | | | | | | | **(1) Other Names Used:** (Including maiden name) | | | | | | |
| **(2) Other Names Used Cont.** | | | | | | **(3) Other Names Used Cont.** | | | | | | | **(4) Other Names Used Cont.** | | | | |
| **Birthplace: City** | | | | | | **County** | | **State** | | **Country** | | | | | **Citizenship** | | |
| **Addresses for the last five years – begin with present address**  **From** (mm/yyyy) **To** (mm/yyyy) **Street Address** **City/County/Town** (and Country if not US) **State** **Zip Code** | | | | | | | | | | | | | | | | | |
| 1) |  |  | | | | | | |  | | | | |  | | |  |
| 2) |  |  | | | | | | |  | | | | |  | | |  |
| 3) |  |  | | | | | | |  | | | | |  | | |  |
| 4) |  |  | | | | | | |  | | | | |  | | |  |
| 5) |  |  | | | | | | |  | | | | |  | | |  |
| ***Consent for Investigation and Authority for Release of Information***  To Whom It May Concern:  I hereby consent to a background investigation to determine my suitability for paid employment, unpaid or volunteer service, performance of contractual services, or to gain access to restricted information or facilities. I authorize any duly accredited investigator or other representative of the Virginia Department of Health bearing this release, or a copy thereof, to obtain any information from schools, residential management agents, employers, federal, state or local criminal justice agencies, or other individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, driving and criminal history records.  I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Virginia Department of Health and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities. I authorize the National Personnel Records Center, or other custodian of my military service record, to release to the Virginia Department of Health copies of any documents from my military service record to include an undeleted Form DD214.  I hereby release any individual, including records custodians from any and all liability for damages of whatever kind and nature which may at any time result to me on account of compliance or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me at the address or telephone number indicated herein. Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid until my separation from employment with VDH. | | | | | | | | | | | | | | | | | |
| **Name of Person Authorizing the Release of Information** | | | | | | | **Signature** | | | | | | | | | **Date** | |
|  | | | | | | |  | | | | | | | | |  | |
| **Daytime Telephone Number:** | | |  | | | | **Evening Telephone Number:** | | | | |  | | | | | |

**INFORMATION FOR DISTRICT OR OFFICE**

The work unit completes the employer information section and gives the form to the applicant with a fingerprint card. The applicant completes the balance of the form; signs the VDH, Virginia State Police (VSP) SP167 and Department of Motor Vehicles (DMV) consents (if used) and releases at the bottom and gets his or her fingerprints taken by the employing work unit or at a local law enforcement agency, such as a Virginia State Police area office, a local police station or sheriff's office. In the Richmond area, the applicant may go to the Virginia Department of Health, Office of Human Resources (OHR), 109 Governor Street, Suite 1114, Richmond, VA 23219. The employing district or office pays for fingerprinting performed elsewhere, either by using petty cash, an IAT or reimbursing the employee. There is no charge for fingerprinting completed at the VDH OHR.

The employing work unit makes a copy of the individual's state or VDH application, documentation related to reference checks, driver's license, social security card and evidence of education. Veterans must also supply a copy of their DD214. For individuals who require a professional license, the employing work unit also must copy the individual's license. These items are attached to the HR-15 along with the original fingerprint card and sent to the VDH OHR.

**INFORMATION FOR APPLICANT**

Positions in the Department of Health are categorized as Sensitive or Non-Sensitive depending on the extent of public trust expected of the employee or the risk the position poses to the accomplishment of the agency's mission or to the public health and safety or protection of critical infrastructures. Sensitive positions are subject to investigation of the applicant's background to determine the individual's fitness for employment. A primary investigation is completed before the applicant starts employment with VDH and a secondary investigation is completed after the applicant’s start date. The investigations may include an examination and verification of a person's state and Federal Bureau of Investigation (FBI) fingerprint based criminal history, local court information, education, licensure, credentials and job history; interviews with prior employers, references and others having information relating to the suitability of the individual for employment with VDH. The scope of investigation depends on the sensitivity of the position and may range from a state and FBI fingerprint based criminal history checks, to a more extensive examination and verification including telephone or written inquiries, to a full examination and verification including personal interviews.

This form, the HR-15, Request for Background Investigation, is used to initiate an investigation. The employer information is completed by the employing organization. Following this section, the applicant completes all of the personal information needed to conduct the investigation. The applicant also executes a Consent and Authority to Release Information, which is provided to custodians of records, law enforcement agencies and others who are requested to supply information to the agency's investigators. Completion of this form by an applicant for a Sensitive position is a pre-condition to employment.

The employing district or office will supply you with a fingerprint card which you may take to a local police department, sheriff's office or other law enforcement agency for fingerprinting. The Department of Health will reimburse you for any fingerprinting charges.

To initiate the investigation, the district/office will submit this form to VDH OHR along with your fingerprint card and copies of (1) your state or VDH HR-20 application form; (2) your driver's license; (3) your social security card; (4) a record of the highest degree you have earned; (5) a copy of any required professional license and (6) any additional requested documents. If you have served in the armed forces, you will be asked to furnish a copy of your DD Form 214 (copy #4) as well. It is extremely important that all of the information in this form HR-15 and in your state application form be complete and accurate. Please review your application form once again to verify its accuracy and completeness and report the need for any changes or supplementary information to the VDH employing organization.

You may be interviewed or you may be contacted to supply information about specific questions that may arise. The investigator must have VDH identification. Before giving any information to anyone, please be sure to request that appropriate identification be provided to you.

Reports of investigation are maintained in secure, confidential files, separate from other employee personnel records, and are made available only to authorized persons in the agency having a need to know for purposes of determining suitability and for such other purposes as may be provided by law.

During the suitability determination process in which the report information is evaluated, you will be given an opportunity to correct inaccurate information, to provide an explanation of questions that may be raised and to describe mitigating circumstances. If you are denied employment or are terminated because of a criminal record check, you will be given instructions on how to obtain a copy of the criminal history report. You will be given an opportunity to challenge the accuracy and completeness of any information contained in any such report, and to obtain a prompt determination as to the validity of such challenge before a final determination is made by VDH.

Under the Government Data Collection and Dissemination Practices Act, agencies are not required to allow applicants to examine reference information obtained from prior employers or other third parties. Some background investigation reports may contain reference information and, in such cases, that portion of the report will not be made available.