

## Virginia Department of Health – Request for Background Investigation

**Employer Information (Type or Print) Complete ALL sections. Incomplete forms will not be accepted. Enter N/A where applicable.**

<b>Date</b> (m/d/yy)	<b>Employing District or Office</b>	<b>Email ID for HR Representative</b>		<b>Telephone</b> (Area Code & Extension)
<b>Position #</b>	<b>EWP Role Code</b>	<b>Working Title from EWP</b>	<b>Sensitive</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>VDH Tax Exempt ID Number:</b> 54-6001775
<b>Attach the following as applicable:</b> State Application <input type="checkbox"/> HR-20 <input type="checkbox"/> Resume <input type="checkbox"/> Professional License/Certification <input type="checkbox"/> VDH Driver Safety Policy Acknowledgement <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Employment Authorization Card <input type="checkbox"/> Work Visa <input type="checkbox"/> School ID <input type="checkbox"/> Other <input type="checkbox"/> _____				<b>Employment Status:</b> Classified: <input type="checkbox"/> Wage: <input type="checkbox"/> Volunteer: <input type="checkbox"/> Contractor: <input type="checkbox"/> Intern: <input type="checkbox"/> City/County: <input type="checkbox"/>
<b>Financial Codes for BI Billing:</b> Cost Code: FIPS Code: COA Code:		<b>Position Information:</b> New Hire: <input type="checkbox"/> Rehire: <input type="checkbox"/> Promotion: <input type="checkbox"/> Temporary Pay: <input type="checkbox"/> Internal VDH Transfer: <input type="checkbox"/> External Transfer: <input type="checkbox"/> Current VDH Employee: <input type="checkbox"/> Current State Employee: <input type="checkbox"/> Required to Operate a Motor Vehicle for VDH Business (Long-term Assignment): Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Name of HR Representative</b>			<b>Signature of HR Representative</b>	

**Applicant Information (Type or Print) Complete ALL sections. Incomplete forms will not be accepted. Enter N/A where applicable.**

<b>Full Last Name</b>	<b>Full First Name</b>	<b>Full Middle Name or NMN</b>	<b>Date of Birth</b> (m/d/yyyy)
<b>Social Security Number:</b>	<b>Driver's License Number:</b>	<b>(1) Other Names Used:</b> (Including maiden name)	
<b>(2) Other Names Used Cont.</b>	<b>(3) Other Names Used Cont.</b>	<b>(4) Other Names Used Cont.</b>	
<b>Birthplace: City</b>	<b>County</b>	<b>State</b>	<b>Country</b>
<b>Country of Citizenship</b>			
<b>Addresses for the last five years – begin with present address</b>			
<b>From</b> (mm/yyyy)	<b>To</b> (mm/yyyy)	<b>Street Address</b>	<b>City/County/Town</b> (and Country if not US)
			<b>State</b> <b>Zip Code</b>
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.

<b>Name of Person Authorizing the Release of Information</b>	<b>Signature</b>	<b>Date</b>
<b>Daytime Telephone Number:</b>	<b>Evening Telephone Number:</b>	

### **INFORMATION FOR DISTRICT OR OFFICE**

The employing district/office will complete the **Employer Information** section and forward the form to the applicant along with information to schedule fingerprinting and all other documents required for completion of a background investigation. The applicant will complete the **Applicant Information** section; signs the VDH, and all other consent and release forms and return for processing. The applicant will then have fingerprinting completed by a third-party vendor. Applicants in the Richmond (Capitol) area have the option to have fingerprinting completed by appointment at the **Virginia Department of Health (VDH), Office of Human Resources (OHR), 109 Governor Street, Suite 1114, Richmond, VA 23219**. The employing district/office pays for fingerprinting performed outside of VDH. There is no charge for fingerprinting completed at VDH OHR.

The employing district/office makes a copy of the applicant's state application, VDH HR-20 information form and/or resume, and two (2) forms of identification. For individuals who require a professional license or certification, the district/office must also forward a copy of the individual's license/certification. Please review all documents for accuracy and completeness, attach with the HR-15 and email to VDH BIU-

### **INFORMATION FOR APPLICANT**

Individuals performing work for VDH are subject to an investigation of the individual's background to determine suitability for employment. The scope of the investigation 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 HR-15, Request for Background Investigation, is used to initiate an investigation. The **Employer Information** section is completed by the employing district/office. The applicant completes the **Applicant Information** section. By providing a signature at the bottom of the HR-15, the applicant executes Consent and Authority to Release Information, which is provided upon request 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 is a precondition to employment or service.

The employing district or office will provide information to schedule fingerprinting with a third-party vendor. VDH will incur the cost for fingerprinting and when necessary, reimburse the individual for any fingerprinting charges. To initiate the investigation, the district/office will submit this form to VDH BIU along with copies of (1) your state application, VDH HR-20 information form and/or resume; (2) two forms of identification; (3) a copy of any required professional license/certification (when applicable) and (4) any additional requested documents. Please review all documents for accuracy and completeness and report the need for any changes or supplementary information to the VDH HR representative.

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.

Investigation reports are maintained in secure, confidential files, separate from other employee personnel records, and are made available only to authorized people in the agency who have 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 for 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 appeal the denial or termination decision, and to obtain prompt determination as to the validity of such appeal.

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.

## NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> by Virginia State Police that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.<sup>2</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

If you need additional information or assistance, please contact Mr. Jim Williams at 804-674-6723.

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<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).