

# MHA Management Services Corporation - Background Check Request Form

09/07/2011

MHA Management Services Corporation  
P.O. Box 6766, Jefferson City, MO 65102  
Phone: 573/893-3700 Fax: 573/893-7669

Name, Title  
Company Bethesda Health Group  
Phone: Fax:

First Name

Middle Name

Last Name

Alias/Maiden Name

Check Alias Name?

Will Employee's Salary Exceed \$75,000?

YES - Additional Charges May Apply  
 NO

NO  YES

Social Security Number

Date of Birth

Race

Gender

M  F

Mailing Address (NO P.O. Boxes)

City

State

Zip

As part of the  employment  volunteer  student  credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for  employment  volunteer  student  credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports. This consent will remain effective until I have affirmatively revoked it.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Applicant

## BACKGROUND SEARCHES

**OIG** (Medicare/Medicaid Fraud & Abuse)  **GSA** (Federal Procurement Fraud)  **\*\*FCSR** (Must Fax Necessary Documents)  
 **SSN Verification Plus** (Address & Alias Name are included)  **Address Verification**  **Alias Name Search**

**Government Watch List**

(includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Proliferation List & more)

**\*MO DSS** (Child Abuse/Neglect) - Need Address/No P.O. Boxes

**TN Abuse Registry**

**\*\*MO Mental Health Employee Disqualification Registry**

Federal Courts through PACER:  Nationwide or  State 1: \_\_\_\_\_

Sex Offender:  Nationwide or  State 1: \_\_\_\_\_

**Driving Record Check:** State \_\_\_\_\_ DL# \_\_\_\_\_ (You will be notified if release is needed)

**Professional License Verification:** State \_\_\_\_\_ Type: \_\_\_\_\_ License Number: \_\_\_\_\_

**Education Verification** (You will be notified if release is needed)

School Name: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Type Earned: \_\_\_\_\_ (BSN, B.A., etc.) Major: \_\_\_\_\_ Alias While Attending: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

**Employment Verification**

Company: \_\_\_\_\_ Address: \_\_\_\_\_ City/State: \_\_\_\_\_/\_\_\_\_

Phone: \_\_\_\_/\_\_\_\_-\_\_\_\_ Supervisor: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Starting Wage: \$ \_\_\_\_\_ Yr/Hr Ending Wage: \$ \_\_\_\_\_ Yr/Hr Reason for Leaving: \_\_\_\_\_

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

## LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, MA, WV and WY

County 1: \_\_\_\_\_ State: \_\_\_\_\_ County 2: \_\_\_\_\_ State: \_\_\_\_\_ County 3: \_\_\_\_\_ State: \_\_\_\_\_

**\*Puerto Rico Repository (Felony Only Search & requires Mother's Maiden Name & Address)** \_\_\_\_\_

## STATEWIDE CRIMINAL

A Statewide/State Repository houses records from all jurisdictions throughout the state.

AL\*  AK  AZ  AR\*  CO  CT\*  DE  DC\*  FL  GA\*  HI  ID\*\*  IN  IA\*\*  
 KS  KY  LA\*  ME\*  MD  MI  MN  MS\*  MT  NE  NV\*  NH\*\*  NJ  
 NM\*  NY\*  NC  ND\*  OH  OK  OR\*  PA  RI\*  SC  SD  TN  TX  UT\*  
 VA\*  VT\*  WA  WI

Note: Louisiana, Nevada & Ohio are Felony Only Searches

**Illinois Health Care Criminal** — Compliance with Illinois Health Care Worker Background Check Act

(IL State Police Full-State Repository Criminal)

**MO Statewide Criminal** — Includes MO sex offender search, no extra charge

(MO State Hwy. Patrol Full-State Repository Criminal)

**\*Requested Form(s) & \*\* Requested Special Form(s) must be faxed to MSC 573/893-7669 or emailed**