

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Human Resources



**Criminal Background Check Referral Form For
Employees, New Hires and Volunteers in Safety Sensitive Positions**

**In accordance with Title II of the "Child and Youth, Safety and Health Omnibus Amendment Act of 2004,"
the below-named Employee/Applicant/ Volunteer is referred for a criminal background check.**

Please check the hiring agency:

- Department on Disability Services
- Department of Employment Services
- Department of Health
- Department of Human Services
- Department of Parks and Recreation
- Department of Youth Rehabilitation Services
- District Department of Transportation
- Fire and Emergency Medical Services
- Metropolitan Police Department
- Office of the State Superintendent of Education
- Other Agency _____

The employee/applicant/volunteer must present the Referral Form with picture identification and a completed Criminal History Request Form (PD-70) to the:

**Metropolitan Police Department Headquarters
Criminal Records Office
Henry J. Daly Building
300 Indiana Avenue, NW, 3rd Floor, Room 3058
Washington, DC 20001**

Employee/Applicant/ Volunteer Full Name (Print) Social Security Number

Telephone Number E-Mail Address

Signature of Employee/Applicant/Volunteer Date

Position Title Applicant Employee Volunteer

HR Representative (Print) Telephone Number

MPD Representative (Print) Date

FOR OFFICIAL USE ONLY

Distribution: White: MPD Yellow: Referring Agency Pink: DCHR Goldenrod: Applicant/Employee/Volunteer



CRIMINAL BACKGROUND CHECK AFFIRMATION FORM

Last Name First Name Last 4 of SSN Emp./App./Vol.
Circle One

The Child and Youth Safety and Health Omnibus Amendment Act of 2004 (D.C. Official Code § 4-1501.05(c)(5)) requires each employee, applicant and volunteer in a covered position to make an affirmation of his/her **entire adult criminal history** with respect to the following offenses:

- (1) Murder, attempted murder, manslaughter, or arson;
- (2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
- (3) Burglary;
- (4) Robbery;
- (5) Kidnapping;
- (6) Illegal use or possession of a firearm;
- (7) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;
- (8) Child abuse or cruelty to children; or
- (9) Unlawful distribution of; or possession of; or possession with intent to distribute a controlled substance.

DIRECTIONS: Circle one declaration to complete and affirm each statement. Include all adult criminal cases.

I have / I have not been convicted of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

I have / I have not pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

I am / I am not on probation before judgment or placement upon a stet docket of a case involving any of the offenses on the list above.

I have / I have not been found not guilty by reason of insanity of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

AFFIRMATION

Pursuant to the personnel regulations, any employee, volunteer, or applicant who intentionally enters information that misrepresents, misinforms, or misleads on this form is subject to administrative action, removal, or denial of employment.

I hereby affirm my responsive declaration to each statement on this *Affirmation* form.

Date: _____ Signature _____ Printed Name _____



GOVERNMENT OF THE DISTRICT OF COLUMBIA
D.C. Department of Human Resources

AUTHORIZATION FORM

Pursuant to the personnel regulations, an appointee, employee, or unsupervised volunteer must complete and sign the authorization on this form to authorize a criminal background check.

I have been informed that the District government agency named on the *Individual Notification of Criminal Background Check and Traffic Record Check Requirements* form is subject to, and authorized to conduct a criminal background on me, and may choose to deny employment or a volunteer position to me, or terminate my employment or volunteer position, based on the outcome of the criminal background check.

The D.C. Metropolitan Police Department (MPD) or other appropriate entity will conduct criminal background checks in accordance with Federal Bureau of Investigations (FBI) policies and procedures. Traffic record checks will be obtained from the traffic records maintained by the D.C. Department of Motor Vehicles. I understand that I have the right to obtain a copy of the criminal background check report and to challenge the accuracy and completeness of the report.

I understand that an appointee, employee or volunteer who intentionally provides false information in the course of applying for a position is subject to prosecution pursuant to the District of Columbia Theft and White Collar Crimes Act (D.C. Official Code § 22-2405 (2001)).

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of this *Authorization* form.

Date: _____ **Signature:** _____ **Print Name:** _____

AUTHORIZATION

I hereby authorize the MPD or other entity, as appropriate to conduct a criminal background check on me.

Signature: _____ **Print Name:** _____

Date of Birth: _____ **Social Security Number:** _____

Date: _____ **Male** _____ **Female** _____

FOR OFFICE USE ONLY

Report to: _____ **on** _____ **at** _____ **:_____ .M**
(Location) **(Date)** **(Time)**

(Room Number)



**INDIVIDUAL NOTIFICATION OF CRIMINAL BACKGROUND CHECK
AND TRAFFIC RECORD CHECK REQUIREMENTS FORM**

To: _____ (Employee's Name) Department of Employment Services (Agency)	Teen Techie Titan Supervisor _____ (Employee's Position Title) Office of Youth Programs (Organizational Unit)
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Pursuant to Title II of the Child and Youth, Safety and Health Omnibus Amendment Act of 2004, effective April 13, 2005 (D.C. Law 15-353; D.C. Official Code § 4-1501.01 *et seq.*, 2005 Supp., as amended) this notice informs you that you have been appointed to, or you currently occupy, either as an employee or a volunteer, a covered position that makes you subject to an initial criminal background check or traffic record check and to periodic checks while assigned. If you are detailed, temporarily promoted, or temporarily reassigned to a covered position, you are also subject to an initial criminal background check or traffic record check and to periodic checks while assigned. Covered positions include direct services that affect the health, safety, and welfare of children or youth or services for the benefit of children or youth. Generally, any position that is subject to the traffic record check requirement is also subject to the criminal background check requirement.

As an appointee, employee, or unsupervised volunteer in a covered position in a District government agency that has been designated as a child or youth services provider, you are hereby informed that this District government agency is subject to criminal background checks. You are also informed that the information obtained from a criminal background check shall not immediately disqualify or create a presumption against your employment or volunteer status unless the Mayor determines that your employment or volunteer status poses a present danger to children or youth.

The personnel authority must request certain information from you, and provide you with notice and information on the requirement for the criminal background and traffic record checks. The personnel authority will use three (3) forms to provide the required notice and information to you. This **Individual Notification of Criminal Background Check and Traffic Record Check Requirements** form is one of the required forms. It gives you individual notice and general information about the requirement for the checks. The **Affirmation** form is the second form; it requests information from you about your history with law enforcement; and the third form is the **Authorization** form that you will sign to give the District government permission to conduct a criminal background check on you. You will be asked to sign each of the three (3) forms.

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge receipt of the *Individual Notification of Criminal Background Check and Traffic Record Check Requirements* form.

Date: _____	_____	_____
	(Signature)	(Print Name)