

RELEASE OF INFORMATION

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registers. A check of these registers is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either register as a result of previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release specific and detailed information contained on the Adult or Child Protective Services Central Register including the information that a record has been found to:

One Source, The Background Check Company Fax: 1-800-929-8117 Attn: Laura Belyea
(Agency/Facility Requesting Check)

P.O. Box 24148, Omaha, NE 68124 Attn: Laura Belyea Email: lbelyea@onesourcebackground.com
(Address ó Street, City)

(Signature of Applicant/Employee)

(Date Signed)

(Print or Typed Name of Applicant/Employee)

(Social Security Number)

Other Names Used in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Other Addresses in Past Twenty (20) Years.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

Complete Addresses **REQUIRED** (City/State/Zip).

Names of Children Who Have Lived With You.
(Please Print or Type Legibly.)
(Use back of sheet if necessary.)

(Date of Applicant's Birth)

(Home Address of Applicant/City/State/Zip)

(Witness Signature)

(Date Witnessed)