**2021-2022 AmeriCorps**

**National Service Criminal History Check Authorization and Results Form**

|  |  |  |
| --- | --- | --- |
| **1.** | Name of candidate: |  |
| **2.** | Term of Service Start Date /Employment Start Date: |  |
| **3.** | Verification Method:(i.e. ID type/information or other organizational certification (as outlined in program policy) |  |

* I hereby authorize PROGRAM NAME to conduct the following required criminal history checks in order to determine suitability of enrollment in AmeriCorps.
* I also recognize that a homicide or sexual offense conviction makes me ineligible to participate in AmeriCorps, and the program may determine ineligibility based on other information that may be contained in the criminal history checks. (45 CFR §2540.202 & §2540.203)
* If I dispute the record as received, I understand I will have an opportunity to review the criminal history as received by this agency and provide clarification. (45 CFR §2540.206 & Section 43.532. 1 RSMo)
* Any records obtained during this check will be used solely to determine eligibility for the AmeriCorps program (Section 43.539 RSMo), and the results will be maintained and disposed of in accordance with federal grant records retention requirements. (2 CFR §200.334)

Applicant Signature Date (Must be prior to initiation of checks)

\*If the applicant provides authorization to perform checks utilizing a different vendor form, the above authorization is not required. The program should attach that authorization and complete sections 4-9 of this document.

**4. National Sex Offender Public Website (**[**www.nsopw.gov**](http://www.nsopw.gov)**)**

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Include in file the completed check of ALL states and territories. If one or more databases were not available, the check must be ran again until all states and territories are listed. If a result is found the program must note on the check why the candidate in question is not the person(s) listed in the result.*

**8. Records Checked**

***(a) State Checks***

|  |  |
| --- | --- |
| **Missouri Name-based Check:**  | Source:  |
| Initiation Process:  |
| Date Initiated:  | Date Completed:  |
| **State of Residence (if applicable):**   | Source:  |
| Initiation Process:  |
| Date Initiated:  | Date Completed:  |

***(b) FBI Fingerprint Check***

|  |  |
| --- | --- |
| Date Initiated:   | Date Completed:  |
| Initiation Process:  |

**9. Adjudication of Results (check one)**

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is eligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidates file.

☐ I, the undersigned, do hereby certify that I have reviewed and considered any results of the above checks and certify that this individual is ineligible for work or service. All check documentation including results and adjudication documentation have been placed in the candidates file.

|  |  |
| --- | --- |
| Program Official Name: |  |
| Program Official Title: |  |

Program Official Signature Date (Must be prior to start of service)