HEALTH OCCUPATIONS CREDENTIALING
612 SOUTH KANSAS AVE, TOPEKA, KS 66603-3404

CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME: CHAPMAN VALLEY MANOR **FACILITY I D #** N021001

ADDRESS: 1009 N MARSHALL PO BOX 219 **CITY:** CHAPMAN **STATE** KS

ZIP CODE: 67431

Applicant information: **ALL REQUESTED INFORMATION MUST BE PROVIDED** or the form will not be processed.

Last Name: | First Name: | Middle Name | Suffix (Jr, Sr, etc)

Other Names Ever Used:

Last Name:

Last Name: **

** List additional names on back. Check here if more on back. ☐

Social Security Number | Date of Birth | Sex | Race

One of the following **must** be selected
A - Asian or Pacific Islander
B - Black
I - Native American/Alaskan Native
W - White

Address | Post Office Box # (if applicable)

City | State | County | Zip Code

Home Phone | Work Phone

Certificate # (if applicable)

Job Classification: Determine the correct job classification for the applicant and Insert the three letter abbreviation in the box. ☐

Activities Staff	**ACS**	Food Service Worker	**FSW**	Medical Records Staff	**MRS**
Administrator	**ADM**	Home Health Aide	**HHA**	Operator	**OPR**
Business and Administrative	**BAS**	Home Health Aide Trainee	**HHT**	Paid Driver	**DRV**
Certified Medication Aide	**CMA**	Housekeeping	**HSK**	Paid Nutrition Assistant	**PNA5**
Certified Nurse Aide	**CNA**	Human Resources Staff	**HRS**	Personnel Staff	**PER**
Nurse Aide Trainee	**NAT**	Laundry Workers	**LDW**	Restorative Ade	**RSA**
Chaplain	**CHN**	Maintenance Worker	**MTW**	Social Service Designee	**SSD**
Clerical Staff	**CLS**	Marketing Staff	**MKT**	Volunteer Coordinator	**VLC**
				Wellness Staff	**WEL**

I understand with my signature on the line below that I am giving consent to have a registered sex offender search conducted by CVM along with the CRIMINAL background check.

Is there anything as your employer that we will find that will prohibit you from working in long term care? YES OR NO (please circle one)

FORM C - REV - 7/12

Completed by _____ Date _____