



**ABILITY AND CHOICE SERVICES, INC.  
APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF  
1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT**

The Volunteers for Children Act (VCA) (Public Law 105-251, sections 221 & 222) authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity (a) to which you have applied for employment or to serve as a volunteer; (b) by which you are employed or serve as a volunteer; or (c) which provides care to someone to whom you have or may have unsupervised access, may request a background check. Your rights and responsibilities under the VCA are as follows:

Provide a complete set of fingerprints which includes:

your name, address, and date of birth, as they appear on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals.

Provide certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.

You are entitled to (a) obtain a copy of any background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. Such request for a copy of your criminal history record and any challenge to the accuracy of such record should be addressed to Utah BCI located at 3888 W 5400 S in Salt Lake city, Utah. Please contact the fingerprint supervisor at (801) 965-4569 to set up an appointment to challenge the accuracy and completeness of the information. Supporting documentation will be kept on file at Utah BCI for 6 months so challenges must be made within this time period.

Prior to completion of the background check, the entity may choose to deny you unsupervised access to a person to whom the entity provides care.

---

**WAIVER**

By signing this form, I authorize the Utah Bureau of Criminal Identification and Utah Department of Public Safety (BCI & DPS) to access and review State and Federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for, a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and my driving records and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days.

I do hereby release Utah BCI & DPS, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**YOU WILL BE REQUIRED TO FURNISH AT LEAST A PHOTOCOPY OF YOUR ID AND SOCIAL SECURITY CARD FOR THIS BACKGROUND CHECK. Original documents to prove your eligibility to work in the United States are also still required.**



## **Pre-Employment Substance Abuse Screening Notice**

Ability and Choice Services, Inc. (ACS) finds that a healthy and productive work force, safe working conditions free from the effects of drugs and alcohol, and maintenance of the quality of products produced and services rendered by ACS, are important to ACS and its employees. ACS further finds that the abuse of drugs and alcohol creates a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased financial burdens on health and benefit programs, increased workplace theft, decreased employee morale, decreased productivity, and a decline in the quality of products and services.

Employees are not permitted to work or come on ACS property while under the influence of or in possession of drugs or alcohol. ACS will test for drugs and alcohol in the workplace, in accordance with this written policy, and will terminate or suspend any employee who violates this policy.

For more information, see our policy 909.0 Substance Abuse.

Ability and Choice conducts Pre-Employment Drug Screening of all new Employees.

Refusing to take a test or failing the test may result in termination of employment and your employment is contingent on passing the screening.

**By signing below, I understand that if offered employment at Ability and Choice, that my offer is contingent on the results of the substance test even though I may start work before the results are known.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

## Ability and Choice Services, Inc.

### APPLICATION FOR EMPLOYMENT

#### GENERAL INFORMATION

Name: \_\_\_\_\_  
Last
First
Initial

Address: \_\_\_\_\_  
Street
City
State
Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ 18 or Over?  Yes;  No

Do you, or have you had any relative, or individual receiving services or working at ACS?

Yes;  No; If yes, who? \_\_\_\_\_

Have you been convicted or awaiting trial of a: misdemeanor?  Yes;  No - felony  Yes;  No

If yes please describe: \_\_\_\_\_

#### EMPLOYMENT DESIRED

Position \_\_\_\_\_

Are you currently employed?  Yes;  No; May we contact your present employer  Yes;  No.

Do you plan to continue your present employment if you are hired by ACS?  Yes;  No.

Shifts you are interested in (check all that apply):  Any;  Full Time;  Part Time

Daytime;  Evening;  Graveyard;  Weekend. Referred from: \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION	SUBJECTS STUDIED
HIGH SCHOOL		N/A	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes; <input type="checkbox"/> No	
VO-TECH TECHNICAL			<input type="checkbox"/> Yes; <input type="checkbox"/> No	

#### Former Employers List Below Last Four Employers, Starting with the Current Position.

Month and Year	Name and Address of Employer	Phone	Position	Reason For Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**WORK REFERENCES:** Give the names of two people who can comment on your work behavior.

Name	Address	Type Of Business	Telephone

**Physical Record:**

Do you Have any Physical Limitations that prevent you from performing any work for which you are being considered? Yes  No

If yes, Please Describe: \_\_\_\_\_  
\_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_

Name	Relation	Phone
------	----------	-------

**Read Carefully**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that if employed, falsified statements on this application may be grounds for dismissal or denial of employment.

I understand and agree that I may be required to take a physical examination as a condition of hiring or continued employment; I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further agree to consent to be tested for illegal drugs prior to or during my employment. I agree to consent to take such tests and to release ACS, its directors, officers, agents, or employees from any claim arising in connection with the use of such tests.

I understand that pursuant to Utah Code, ACS has the duty to conduct a BCI/USSDS background check of all employees, and passing the background check is a requirement for continued employment.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I authorize ACS, if applicable to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request within a reasonable period of time, I will be notified as to the nature and scope of such investigation.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without prior notice. I have read and understand the above statement.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Reference Checked \_\_\_\_\_  
\_\_\_\_\_

Hired: Yes \_\_\_\_\_ No \_\_\_\_\_ Start date \_\_\_\_\_ Position \_\_\_\_\_

Salary \$ \_\_\_\_\_ Per hour \_\_\_\_\_ Approved By \_\_\_\_\_ Termination Date \_\_\_\_\_