

HEALTH OCCUPATIONS CREDENTIALING
503 SOUTH KANSAS AVE, TOPEKA, KS 66603-3404
CRIMINAL RECORD CHECK REQUEST FORM

FACILITY NAME:

FACILITY I D #

ADDRESS:

CITY:

STATE :

ZIP CODE:

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.

One of the following **must** be selected

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Social Security Number	Date of Birth	Sex	Race	A - Asian or Pacific Islander B - Black I - Native American/Alaskan Native W - White

<input type="text"/>	<input type="text"/>
Address	Post Office Box # (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	County	Zip Code

<input type="text"/>	<input type="text"/>
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 Aide	RSA
Chaplain	CHN	Maintenance Worker	MTW	Social Service Designee	SSD
Clerical Staff	CLS	Marketing Staff	MKT	Volunteer Coordinator	VLC
				Wellness Staff	WEL