



DIVISION OF VOCATIONAL REHABILITATION (DVR)
DVR Background Check Reporting

Please complete all columns for all Staff members that will be providing Services to
 DVR participants. Attach additional sheets if needed.

CONTRACTOR NAME
CONTRACT TYPE <input type="checkbox"/> CRP-IL <input type="checkbox"/> CIL <input type="checkbox"/> Group Pre-ETS
SOLICITATION NUMBER

- Please complete all background checks in the Background check System (BCS) under the DVR account prior to submitting this form.
- Background checks completed under a different Administration's account will not be accepted (DDCS, AL TSA)
- Background checks must be completed every two (2) years.
- Do not renew if background check results are still in the 2-year compliance window.

NAME (FULL NAME INCLUDING INITIALS)	DATE OF HIRE (MM/DD/YYYY)	DATE OF BACKGROUND CHECK RESULT (MM/DD/YYYY)	CONTRACT TYPE	NEW HIRE CHECK	DATE OF TERMINATION	RENEWAL	EMPLOYEE, INTERN, OR VOLUNTEER	IS DSHS 17-263 COMPLETED? (IF YES, ATTACH A COPY)
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
			<input type="checkbox"/> No record <input type="checkbox"/> Review required <input type="checkbox"/> Disqualified	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes, copy attached <input type="checkbox"/> N/A
PRIMARY ACCOUNT ADMINISTRATOR SIGNATURE			DATE			PRINTED NAME		