



DIVISION OF VOCATIONAL REHABILITATION (DVR)
DVR Background Check Reporting

Attach additional sheets if needed.

CONTRACTOR'S NAME
CONTRACT NUMBER

NAME (FULL NAME INCLUDING INITIALS)	DATE OF HIRE	TERMINATION DATE	CONTRACT TYPE	NEW HIRE CHECK	RENEWAL	EMPLOYEE, INTERN, OR VOLUNTEER	CHARACTER, COMPETENCE, AND SUITABILITY (IF YES, PROVIDE A COPY)
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
BACKGROUND CHECK DESIGNEE'S SIGNATURE			DATE		PRINTED NAME		

Email this form to DVR Contracts Unit when additions are made, or should staff no longer be employed, within 14 days of the change. Email to DVRContractsUnit2@dshs.wa.gov.