

CRIMINAL BACKGROUND CHECK

The criminal record check is required by law pursuant to section 660.317, RSMo. This form must be completed for all employees. The criminal record check will become a part of the employee's confidential file. This criminal record check is for work through a healthcare servicing company.

Requestor: Angelic Healthcare Services LLC
Attn/ HR
PO Box 38254
St. Louis, MO 63138-1425

ALL INFORMATION MUST BE PRINTED NEATLY

NAME: _____
Last First Middle

MAIDEN: _____ **DATE OF BIRTH:** _____

SEX: M ___ F ___ **SOCIAL SECURITY NO:** _____ **RACE:** _____

ADDRESS: _____

1. Have you ever used an Alias (first and/or last names other than the name you used in this application)? **Yes** ___ **No** ___ If yes, list all those names you have ever used (please include all maiden names and all married names.) _____

2. Have you ever used any other Social Security Numbers? **Yes** ___ **No** ___ If yes, list all social security numbers you have ever used. _____

3. Have you ever had any of the following: Criminal convictions, findings of guilt, pleas of guilty and pleas of nolo contendere? (a plea in a criminal prosecution that without admitting guilt subjects the defendant to conviction but does not preclude denying the truth of the charges in a collateral proceeding) **Yes** ___ **No** ___ if yes, list all criminal convictions, findings of guilt, and pleas of nolo contendere. Do not list minor traffic offenses, such as speeding tickets and parking tickets. _____

4. Do you give consent to a closed Background Check, Pursuant to Section 610.120 RSMO?
Yes ___ **No** ___

Signature

Date