



DIVISION OF LICENSING AND BACKGROUND CHECKS
Office of Background Processing

Youth Transportation Company
Employee information worksheet
(ongoing nationwide rap back subscription)

Applicant demographic information

This section must be completed by the applicant. Missing Information or unreadable applications will be returned unprocessed.

First name	Middle name	Last name	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
List all aliases (nicknames, maiden, previous married names)	<input type="text"/>	Place of birth	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State	Zip code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Phone number
			<input type="text"/>

Applicant background information

Yes **In the last five years have you lived in or spent six or more consecutive months outside the State of Utah?**

No **If yes, list each state and the years from and to separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.**

State	From	To
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Verified applicant identification information

Identification type	Issuing state/country	ID number	Expiration date	Race
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Eye color	Hair color	Height	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Place of birth	US citizenship
			<input type="text"/>	<input type="text"/>

Payment information

Payment for the background check can be made online at ccl.utah.gov/ccl/#/payment-gateway. In the facility or provider name field enter "Private Transport Utah" and fill in the name, phone number and email address of the person making the payment. Scroll down to Youth Transportation Services Background Check Fee box and enter the number of background checks you are paying for. **You must include the name of the person doing the background check in the explanation box.** There is a \$2.00 processing fee automatically added to the total.

Employers name

I authorize the Utah Department of Health and Human Services (DHHS), Division of Licensing and Background Checks (DLBC), Office of Background Processing (OBP), to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license and any other information which may be pertinent to my application according to Utah Code 26B-2-120 and Administrative Rule 501-14. I authorize the OBP to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHHS licensed, contracted or certified programs. I authorize the release of information for each purpose described in Utah Code Section 53-10-108 and I release and hold harmless the DHHS from any damages resulting from DHHS furnishing such information as described in Utah Code Section 53-10-108. I certify that my answers contain no misrepresentations or falsifications, and the information is true and complete. Additionally, I authorize the children between the ages of 12 and 17 listed above to have a youth background check conducted for foster homes, adoptions and DSPD homes. I have read and understand the FBI Rap Back Consent and Privacy Statement located on the DLBC website (www.dlbc.utah.gov). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. ****{I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.}**

Applicant signature Date