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

List all aliases (nicknames, maiden, previous married names)	Place of birth	Date of birth	Email address

Address	City	State	ZIP code	Phone number

Applicant Background Information

◯ Yes ◯ No

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

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

Verified Applicant Identification Information

Identification type	Issuing state/country	ID number	Expiration date	Race

Gender	Eye color	Hair color	Height	Weight	Place of birth	US citizenship

Payment Information

To make a payment for the background check, go to https://dlbc.utah.gov/home/make-a-payment/. Click on the "DLBC Payment System" button. In the "Facility or provider name" field enter "Private Transport Utah" and then enter the name, phone number and email address of the person making the payment. Be sure to select "Agree" to agree with the $2.00 processing fee which will automatically be added to the total. Next, scroll down to the "Youth Transportation Services Background Check Fee" line and enter the number of background checks you're paying for. Include the name(s) of the applicant(s) in the details box.

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, nelgect 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