



Rhode Island Department of Human Services

Criminal Records Affidavit

Updated 2/25/2020

Applicant Information			
Name:			Date of Birth: (MM/DD/YYYY)
Address:		State:	Zip:

Health and Well-Being Information		
Have you ever been convicted of any offense in the appendix of the regulations under CRIMINAL RECORDS CHECKS, DISQUALIFYING INFORMATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain:

I, _____, attest that the information contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination or employment or denial of licensure. I further agree to apply to the **BUREAU OF CRIMINAL IDENTIFICATION OF THE STATE OR LOCAL POLICE FOR A COMPREHENSIVE NATIONWIDE CRIMINAL RECORDS CHECK** prior to beginning employment. I also understand that the Department and/or employer will receive information relating to the results of the criminal records check. I understand if there is a question as to the conviction information, I am entitled to appeal to the **FBI**. If there is a question as to my denial or termination of employment or denial or revocation of licensure due to the results of the criminal records check. I am entitled to appeal to the **DEPARTMENT ADMINISTRATIVE HEARING OFFICER**.

_____ Applicant Signature	_____ Date of Form Completion
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Subscribed and sworn to before me on this _____ day of _____
Date
Month
Year

Notary Public