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|  |  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** | **CONTRACT TYPE** | **NEW HIRE CHECK** | **RENEWAL** | **EMPLOYEE, INTERN, OR VOLUNTEER** | **CHARACTER, COMPETENCE, AND SUITABILITY (IF YES, PROVIDE A COPY)** |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
|  |  | [ ]  CRP[ ]  IL[ ]  Pre-ETS | [ ]  | [ ]  | [ ]  Employee [ ]  Intern [ ]  Volunteer | [ ]  Yes[ ]  No |
| BACKGROUND CHECK DESIGNEE’S SIGNATURE | DATE | PRINTED NAME |