

CAPABLE HANDS CARE LLC

15513 SODIUM STREET NW, RAMSEY MN 55303

Tel: 763-323-6716

SECTION	POLICY	EFFECTIVE/REVISED DATE:
2. Employment	2.34 Background Checks	Year: 2018

POLICY: **Capable Hands Care** will conduct a Minnesota Department of Human Services Background Study on all employees of **Capable Hands Care** who will have independent, unsupervised contact with tenants or clients of **Capable Hands Care**. No employee may have independent direct contact with any tenants or clients until acceptable result of the background study have been received. **Capable Hands Care** will not employ individuals whose results of the background study indicate disqualification for the position.

PROCEDURE:

1. Using the MN DHS NetStudy online program, **Capable Hands Care** will initiate a background study on all employees being considered for hire who will have independent, unsupervised contact with tenants or clients.
2. If hired prior to receiving the results of the background study, or the tentative background study results indicate more time is needed requiring supervision, new hires shall not be permitted to interact or provide services to tenants or clients of **Capable Hands Care** except under the direct supervision (eyesight) of another qualified staff person.
3. Once an approved background study has been received, staff may act independently with tenants or clients, assuming all other requirements have been met.
4. Copies of completed background studies shall be kept in individual personnel files.

POSSIBLE BACKGROUND STUDY RESULTS:

1. A notice stating that the background study on the individual has been completed and the individual may provide direct contact services for the agency for which the background study was completed.
2. A notice stating that more time is needed to complete the background study for the individual and the individual may provide direct contact services while the background study is being completed.
3. A notice stating that the individual is disqualified from any position allowing direct contact with or access to, people receiving services. **Note** – Individuals with this result will not be employed by **Capable Hands Care**.

Responsible Staff

All staff of **Capable Hands Care** that have independent, unsupervised contact with tenants or clients.

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Background & Reference Investigation Authorization

As part of its due diligence procedures, **Capable Hands Care** requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and identify any factors that might be inconsistent with **Capable Hands Care** employment requirements.

- By my signature below, I _____, of phone _____ give permission and authority to conduct a due diligence investigation and reference check into my past and current activities.
- I hereby release all persons, companies, corporation, school or individuals from all liability and responsibility that may result from providing **Capable Hands Care** with such information as requested.
- If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Social Security No: _____

Driver license No: _____ Expires: _____ Issuing State: _____

Other First Name Used: _____ Other Last Name Used: _____

Height: _____ Weight: _____ Marital Status: _____ Sex: _____ US Citizen? _____

Place or State of Birth: _____ Eye Color: _____ Hair Color: _____

Race (check one) Asian Pacific Islander African American Native American

Hispanic/ Latino Two or more Races Unknown/ other White/ Caucasian

Current Full Street Address: _____

Have you lived in other states? If yes, what is the address: _____ in the last 5 years? **Yes No** (circle one)

If Yes - Name of State & City: _____ From (Year) _____ To (Year) _____

Other states driver's license Number: _____ Issuing State: _____

Signature: _____ Date: _____