



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)
		<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> CRP <input type="checkbox"/> IL <input type="checkbox"/> Pre-ETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employee <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	<input type="checkbox"/> Yes <input type="checkbox"/> No
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BACKGROUND CHECK DESIGNEE'S SIGNATURE		DATE		PRINTED NAME		