

Participant Name

Montana Health Solutions, Inc.,
607 SW Higgins
Missoula, MT

Disclosure Form

This Form Is For Employer Use Only

Information contained in this form shall be used for criminal background checking purposes only

You must complete this form before this agency can proceed further with your application.

(Please Print Clearly)

Date: ____ / ____ / ____

U.S. Citizen: Yes No

Gov't Issued ID: _____

State of Issue: _____

(include No. and type)

Last Name: _____

First Name: _____

Social Security #: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Race: _____

Sex: _____

Eye Color: _____

Hair Color: _____

Weight: _____

Height: _____

Place of Birth: _____

Email Address: _____

Home Phone #: () _____

Cell Phone #: () _____

Current Address: _____

(Include City / State / Zip)

List all cities and states where you have lived within the past 7 years and provide the approximate dates. (Use additional sheets if needed)

List all cities and states where you have worked within the past 7 years and provide the approximate dates. (Use additional sheets if needed)

List all names and aliases you have used formally and informally. Aliases are maiden names, married names, nicknames, and any other name used or known as. (Use additional sheets if needed)



05206



During the past seven (7) years:

1. Have you been convicted of a crime? ____ Yes or ____ No
2. Do you currently have a pending criminal case or trial? ____ Yes or ____ No

If you answered "YES" to questions 1 or 2 above, please provide an explanation in the box below for each conviction or pending case or trial. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. Provide any additional explanations you would like for us to consider. *(Use additional sheets if needed)*

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS FORM. Read the following acknowledgement carefully before you sign.

I understand that the information requested above is for the sole purpose of gathering information needed to complete the criminal background checks and will not be used to discriminate against me in violation of any law. I further understand that a false statement on any part of this form is grounds for either not hiring me, or firing me after I begin work. I consent to the release of information regarding a criminal history on me by the District of Columbia Law Enforcement Agency, other States' enforcement agencies, Federal Bureau of Investigation (FBI), and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Montana Health Solutions, Inc.,

Name of Facility Where Applying

Applicant's Name (Please Print)

Applicant's Signature

Date of Signature

05207

