Criminal & Sex Offender Search Form

As an employee/volunteer/employee partner or contractor of Capital Area Community Services, Inc., I understand that it is a State & Federal requirement to conduct an Internet Criminal History Access Tool (ICHAT) check and a National and State Sex Offender Registry (SOR) check. The ICHAT is required to be run every (2) years or as contract requires for your position. The information given below will be for the sole purpose of obtaining the ICHAT and SOR file search.

The following information is needed to conduct these checks:

Name:_____
Last First Middle

Maiden Name or Names previously used:

_____

_____

Birthdate:_____/_____/_____ Race:_____ Sex_____

I authorize Capital Area Community Services, Inc. to utilize the above information for the sole purpose of conducting criminal history and sex offender file searches.

_____ _____
Signature Date

* *

DO NOT sign below unless the following pertains to you.

WAIVER

If you have not resided or lived in Michigan for each of the previous ten (10) years, please sign below attesting to the fact that you have never been convicted of a felony or identified as a perpetrator.

_____ _____
Signature Date

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