

# DIAMONDS HOME HEALTH CARE, INC.

## DISCLOSURE OF CRIMINAL BACK GROUND/ HISTORY

According to Minnesota Rules any person being employed as a Personal Care Assistance of a qualified recipient, shall be required to disclose in full any conviction and criminal history records pertaining to the occupation of personal care assistant or health care service in general. Please answer the question below in fully.

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apartment #

\_\_\_\_\_ City State Zip

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

Drivers License Number or State ID# \_\_\_\_\_ State of Issue \_\_\_\_\_

Phone Number: Day \_\_\_\_\_ Evening \_\_\_\_\_

**Do you have any convictions or criminal history?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail. Include dates and locations of each occurrence.

**Have you ever been excluded from participating in Federal Health Care Programs?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in detail. Include date and location:

**List any and all other names you have been known by:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

By signing below, I understand that Diamonds Home Health Care, Inc. will request a background check through the Minnesota department of human services. I further understand that if any discrepancies are found between the DHS report and this disclosure I may not be eligible for employment with Diamonds Home Health care, Inc.

Signature \_\_\_\_\_

Date \_\_\_\_\_