



Information Pertaining to Background Check

In order to protect the safety and welfare of both our Case Management & Consulting clients, Transcendent Case Management & Consulting, LLC requires completion of a criminal history background check *AND* fingerprinting as a condition of employment.

Independent Contractors:

You are responsible for the full costs of these services. You may be required to receive these services at pre-determined sites. Please make sure that you request that the records be released to:

Marilyn Ferrell, Owner
P.O. Box 200
Reynoldsburg, OH 43068

Any and all offers of employment is contingent on the background and fingerprint checks.

Hourly Employees

You are responsible for paying for these services, which you may be required to receive at pre-determined sites; however, we will reimburse you for the full costs of these services.

Any and all offers of employment is contingent on the background and fingerprint checks.

All Staff

The limited criminal history form and fingerprinting forms are on the following pages. Please present these forms at the time of your service.

Staff printed name: _____ Date: _____

Signature: _____ Last 4 of SSN: _____

Date: _____

Limited History Background Check Form

I. Applicant Information (please type or print clearly):

Name: _____ SSN: _____
Last First Middle

Alias/Maiden: _____

Address: _____
City State Zip County

Previous Address if less than 10 years: _____

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY

Driver's License or ID#: _____

II. Requestor Information

Company Name: Transcendent Case Management & Consulting, LLC

Name/Title of Requestor : Marilyn Ferrell, Owner

May receive forms electronically? Yes

Email: transcendentcmc@outlook.com PH: (317) 969-5504 Fax: (866) 826-8457

Requestor's Address:

Marilyn Ferrell
Name

P.O. Box 200
Address

Reynoldsburg OH 43068
City State Zip

III. Reason for Request (list position sought & brief description, e.g. working with children, working with mentally ill, working in school, etc): _____

IV. Do you have any prior or pending felony or misdemeanor charges (any charges may not necessary bar you from consideration from working with our agency? _____ If yes, please explain: _____

V. Validation: I, (name) _____, on this _____ day of _____, 20____, verify that the information on this form is true and accurate.

For Law Enforcement use only: Results _____			
Signature _____	Title _____	Date _____	/ / _____

Date: _____

Fingerprint Scan Form

I. Applicant Information (please type or print clearly):

Name: _____ SSN: _____
Last First Middle

Alias/Maiden: _____

Address: _____
City State Zip County

Previous Address if less than 10 years: _____

Date of Birth: _____ Sex: _____ Race: _____
MM/DD/YYYY

Driver's License or ID#: _____

II. Requestor Information

Company Name: Transcendent Case Management & Consulting, LLC

Name/Title of Requestor : Marilyn Ferrell, Owner

May receive forms electronically? Yes

Email: transcendentcmc@outlook.com PH: (317) 969-5504 Fax: (866) 826-8457

Requestor's Address:

Marilyn Ferrell
Name

P.O. Box 200
Address

Reynoldsburg OH 43068
City State Zip

IMPORTANT: After fingerprinting, the applicant shall return this document, signed by the applicant and fingerprint operator, to the agency owner. The fingerprint operator shall submit the results to the agency owner at one of the methods listed above.

III. Reason for Request (list position sought & brief description, e.g. working with children, working with mentally ill, working in school, etc): _____

IV. Do you have any prior or pending felony or misdemeanor charges (any charges may not necessary bar you from consideration from working with our agency)? _____ If yes, please explain: _____

V. Validation: I, (name) _____, on this _____ day of _____, 20____, verify that the information on this form is true and accurate.

VI. Fingerprint Operator Signature: _____ **Date** _____