

Rhode Island Department of Human Services

Criminal Records Affidavit

Updated 2/25/2020

Applicant Information			
Name:	Date of Birth: (MM/DD/YYYY)		
Address:		Sate:	Zip:
Health and Well-Being Information			
Have you ever been convicted of any offense in the a under CRIMINAL RECORDS CHECKS, DISQUALIFY		Yes No	
If yes, please explain:			
I, attest that the information contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination or			
employment or denial of licensure. I further agree to apply to the BUREAU OF CRIMINAL			
IDENTIFICATION OF THE STATE OR LOCAL POLICE FOR A COMPREHENSIVE NATIONWIDE CRIMINAL RECORDS CHECK prior to beginning employment. I also understand that the Department			
and/or employer will receive information relating to the results of the criminal records check. I understand			
if there is a question as to the conviction information, I am entitled to appeal to the FBI . If there is a question as to my denial or termination of employment or denial or revocation of licensure due to the			
results of the criminal records check. I am entitled to appeal to the DEPARTMENT ADMINISTRATIVE			
HEARING OFFICER.			
Applicant Signature	Date of Form Completion		
Subscribed and sworn to before me on this	day of		
Date		Month	Year
	Notary Public		
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