DHR VENDOR CERTIFICATION FORM

DHR FEE PAID

Alabama Department of Human Resources
Office of Criminal History
P.O. Box 304000
Montgomery, Alabama 36130-4000
(334) 353-5400

Type or print legibly

First Name:	**Middle:**	**Last:**
Employer:		
Contract Number:	**Contract Expiration Date:**	
Job Title:	**Social Security #:**	

Section 38-13-3(a)(3), Ala. Code (1975) provides as follows: *An applicant in a position in the Department of Human Resources which requires unsupervised access to children, the elderly, or individuals with disabilities as one of the essential functions of the job....*
Criminal history background checks shall be required for prospective and current personnel under contract with the Department of Human Resources or working with another entity under contract with the Department of Human Resources, students, mentors, and volunteers in positions requiring unsupervised access to children, the elderly, or persons with disabilities as one of the essential functions of the job. The Department of Human Resources shall pay any fees related to checks required pursuant to this subdivision.

I,_____, (Printed Name of Applicant) hereby certify that the position I hold, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity with whom I am employed.

I,_____, (Printed Name of Employer) hereby certify that the position the employee holds, as indicated above, meets the criteria described under Section 38-13-3(a)(3), Ala. Code (1975). I understand that falsifying information on this form may result in criminal and/or civil penalties, including, but not limited to, the applicant/employer paying for the above-referenced criminal history check and/or the Department of Human Resources terminating its contractual relationship with the entity that I represent.

_____	_____
Signature of Applicant/Employee (Before Notary)	**Signature of Employer/Agency Head (Before Notary)**
_____	_____
Date	**Date**
Sworn to and subscribed before me	**Sworn to and subscribed before me**
on this _____ day of _____, 20_____.	**on this _____ day of _____, 20_____.**
_____	_____
Signature of Notary Public	**Signature of Notary Public**
_____	_____
Date	**Date**
My commission expires _____, 20_____ .	**My commission expires _____, 20____.**