



**State Hospital  
Employee Policy Manual**

**8.9 Security Clearance  
(Background Checks)**

To safeguard the interests of vulnerable customers, residents, patients and KDADS staff, and to minimize risk of their injury, KDADS may require any top applicant, employee, student, intern, volunteer, independent contractor to obtain and maintain security clearance as a condition of employment/service to the agency. Results from background checks of state and federal records will be considered by KDADS in determining whether to grant security clearance. Individuals may be required to submit fingerprints for use in obtaining records.

KDADS reserves the right to disqualify from consideration for employment/service any individual who is denied or fails to maintain security clearance when required to do so. Security clearance may be denied to an individual who has been convicted of a prohibited crime as detailed below. Conviction of a prohibited crime or having engaged in prohibited conduct as defined below occurring more than five years ago will not automatically result in denial of security clearance but may be considered in determining whether to grant security clearance.

**Prohibited Crimes:**

- Abandonment of a Child
- Abuse
- Abuse of a Child
- Aggravated Abandonment of a Child
- Aggravated Arson
- Aggravated Battery
- Aggravated Burglary
- Aggravated Incest
- Aggravated Robbery
- Aggravated Sodomy
- Aiding Escape
- Altering a Legislative Document
- Arson
- Assault
- Assisting Suicide
- Battery
- Bigamy
- Blackmail
- Bribery
- Burglary
- Contributing to a Child's Misconduct or Deprivation
- Criminal Damage to Property
- Criminal Nonsupport
- Criminal Restraint
- Criminal Threat
- Electronic Solicitation
- Endangering of a Child
- Exposing Another to a Life Threatening Communicable Disease
- Forgery
- Furnishing Alcoholic Liquor/Beverage or Cereal Malt Beverage to a Minor
- Harassment
- Hazing
- Illegal Use of Weapons of Mass Destruction or Furtherance of Terrorism Incest
- Indecent Liberties With a Child, Ward
- Indecent Solicitation of a Child
- Injury to a Pregnant Woman
- Interference with Parental Custody
- Interference with the Conduct of Public Business in a Public Building
- Interference with the Custody of a Committed Person
- Intimidation of a Witness or Victim Involuntary Manslaughter Kidnapping
- Lewd and Lascivious Behavior
- Making False Writing
- Mistreatment of a Confined Person
- Mistreatment of a Dependent Adult
- Murder
- Obstructing Legal Process or Official Duty
- Official Misconduct
- Patronizing a Prostitute
- Perjury
- Permitting Dangerous Animal to be at Large
- Poisoning
- Possession, Possession with the Intent to Sell
- Promoting Obscenity
- Promoting Prostitution
- Prostitution
- Rape
- Robbery
- Sale, Manufacture or Production of any Drug Listed in the Uniform Controlled Substances Act, KSA 65-4101 et. seq.
- Sedition
- Sexual Battery
- Sexual Exploitation of a Child
- Sodomy
- Stalking
- Terrorism
- Theft



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- Threat, Criminal or Terroristic
- Trafficking
- Treason
- Unlawful Administration of a Substance
- Unlawful Disclosure of Tax Information
- Unlawful Interference
- Unlawful Sexual Relations
- Vehicular Homicide
- Voluntary Manslaughter
- Any other crimes including attempts, conspiracies, and solicitation to commit any of the crimes listed

A conviction or other disposition of a prohibited crime (*including but not limited to entering a diversion agreement; a plea of guilty, no contest or nolo contendere; a finding of guilt on original or reduced charges by a judge or a jury; plea bargaining to lesser charges; being found not guilty by reason of insanity; or expungement of conviction*) may be considered in determining whether to grant a security clearance. Any pending charges involving a prohibited crime may also be considered.

#### Prohibited Conduct:

Convictions which are titled differently than those on the prohibited crimes list but which encompass *the same or substantially similar conduct* are also considered as prohibited conduct. KDADS may also consider as prohibited conduct any administrative findings or pending criminal charges or allegations of welfare fraud, state and/or federal program or benefit fraud including but not limited to food assistance, cash assistance, Medicaid and Social Security, child or adult abuse, neglect, exploitation or termination of parental rights. Other types of convictions and conduct may be considered in determining whether to grant a security clearance, if the conviction or conduct bears a substantial relationship to the job duties of the position/service and consideration is consistent with business necessity.

#### Requirements:

Security Clearance must be obtained and maintained by every top applicant and employee of the KDADS Hospitals, Facility or Institute, listed below. Any student, intern, volunteer, independent contractor employed, studying, volunteering, working or serving at the KDADS Hospitals, Facility or Institute listed below must obtain and maintain a Security Clearance if they will have any patient or resident interaction that is not within the constant direct sight of an employee with Security Clearance.

- Osawatomie State Hospital, Larned State Hospital, Parsons State Hospital and Training Center, and Kansas Neurological Institute.



## State Hospital

### Employee Policy Manual

### 8.9 Security Clearance

#### (Background Checks)

Fingerprint based record checks for Kansas and/or national criminal history records must be completed with results for any top applicant, employee, student, intern, volunteer, independent contractor required to obtain and maintain Security Clearance who has resided outside the State of Kansas within the previous five years of application for employment/service at the following KDADS Hospitals, Facility or Institute:

- Osawatomie State Hospital, Larned State Hospital, Parsons State Hospital and Training Center, and Kansas Neurological Institute.



**KDADS**

**KBI Criminal History Background Check Self Report**

*Results from a background check of criminal history records will list all activity, including juvenile information, expungements, and diversions.*

1. Have you ever been charged in a criminal proceeding anywhere in the United States, under military law or in any foreign country with any crimes in which the final outcomes of the court action resulted in a conviction, reduced charges, plea bargaining, diversion or any other disposition other than "not guilty"?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there currently any criminal charges, indictments or outstanding warrants pending against you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you been adjudicated as a juvenile offender in the last five (5) years?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you had any conviction(s) expunged?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Have you ever been investigated for abuse, neglect or exploitation of an adult or child?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Have you ever had your driver's license suspended or revoked for any reason?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you currently subject to a court order of protection from abuse, stalking, restraining or any order issued in Kansas or another state or Indian tribe that orders you to refrain from having direct or indirect contact with another person?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. If you have answered "yes" to any of the questions (1-7), please explain, including dates of events. (Attach additional pages if more space is needed.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Have you lived outside of the state of Kansas within the last five years?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please indicate dates. (ex. 2010-2012)  
\_\_\_\_\_  
\_\_\_\_\_
10. The following personal information is required in order to complete a criminal history record check:
  - a. Have you used any other names or aliases including maiden name and name(s) from previous marriage(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list all other names and aliases:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Date of Birth: \_\_\_\_\_
  - c. Driver's License No: \_\_\_\_\_
  - d. State of Issuance: \_\_\_\_\_
  - e. Check Gender: Female \_\_\_ Male \_\_\_
  - f. Race (Be Specific): \_\_\_\_\_
  - g. SSN: \_\_\_\_\_
  - h. Legal Name: \_\_\_\_\_  
Print First Middle Last
  - i. Address: \_\_\_\_\_
  - j. City: \_\_\_\_\_
  - k. State: \_\_\_\_\_
  - l. Zip Code: \_\_\_\_\_
  - m. County in which you live: \_\_\_\_\_



**State Hospital  
Self Report Security Clearance Statement**

I understand that the position for which I am applying requires a security clearance and that a background check of state and/or federal records is required. Background check results must be received before a security clearance may be granted. I acknowledge that I have read a copy of KDADS' HR Policy titled 8.9 Security Clearance: Background Checks (Policy 8.9) adopted by my potential employer and that I have been given an opportunity to ask an HR representative any questions I may have concerning Policy 8.9. I hereby authorize a state and/or federal records check for the prohibited crimes and conduct described in Policy 8.9. I voluntarily WAVE ALL RIGHTS OF RECOURSE against the state of Kansas Department for Aging and Disability Services, and its employees from all liability in processing my application for security clearance and background check. I affirm that the information given on this form is TRUE AND COMPLETE to the best of my knowledge. I understand that deliberate FALSE STATEMENTS OR MISREPRESENTATIONS could be considered grounds for rejection of my application and could be considered CAUSE FOR IMMEDIATE DISMISSAL, if employed. I understand that if selected for any other position requiring security clearance, the CONVICTION OF A PROHIBITED CRIME, OR OTHER PROHIBITED CONDUCT may subject me to IMMEDIATE DISMISSAL. Furthermore, I understand that once I am employed I am required to notify Human Resources any time I am charged with or convicted of a prohibited crime and that my failure to do so may subject me to IMMEDIATE DISMISSAL. By my signature, I acknowledge and accept these terms as CONDITIONS OF EMPLOYMENT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant.

*Kansas Department for Aging and Disability Services*  
**Security Clearance & Conditional Employment Acknowledgement Form**

By signing this form I acknowledge and agree that:

I read the entire Kansas Department for Aging and Disability Services (KDADS) Security Clearance Policy No. 8.9 and I agree to comply with its requirements. I was provided with a copy of the Policy and given the opportunity to ask questions about it to KDADS' Human Resources. I understand the Policy and my responsibility to seek further clarification from Human Resources if at any time I am unclear about the requirements, including, but not limited to, the following:

- I understand KDADS will conduct a background check for use in determining whether to grant a security clearance for any position which may involve contact with protected, at risk or vulnerable populations such as children, the elderly, individuals with mental, emotional, intellectual or physical disabilities, and/or individuals receiving care at a State Hospital or Institution;
- I understand KDADS may require any applicant, employee, student, intern, volunteer, independent contractor or contracted staffer to obtain and maintain security clearance as a condition of employment/service to the agency;
- I understand that if this includes my position, any initial offer of employment that might be made to me is conditional and expressly contingent upon my successful completion of a background check and KDADS granting a security clearance;
- I understand that KDADS reserves the right, at its sole discretion, to require me to be fingerprinted for use in obtaining state and federal records and criminal history as part of the background check process;
- I understand that I will be required to complete criminal history background check authorization forms including: 1. *KDADS Self-Report Security Clearance Application and Statement* and 2. *Waiver Agreement and Statement (Fingerprint-Based Record Checks for Noncriminal Justice Purposes)*.
- I understand that if I do not pass the background check and/or security clearance is not granted (subject to a reasonable amount of time afforded to correct or complete the criminal history record and provide additional information) any conditional offer of employment will be withdrawn, and if conditionally working I may be immediately dismissed;
- I further understand KDADS reserves the right to update or conduct an additional background check on me at any time during my employment, service other association with the agency if deemed necessary by KDADS.

Circle

Yes / No My position may involve contact with protected, at risk, or vulnerable, populations or individuals receiving care at a State Hospital or Institution.

Yes / No I have lived outside the state of Kansas within the last 5 years.

Please

Print Name: \_\_\_\_\_

SEEN AND  
AGREED:

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date

I, \_\_\_\_\_, give permission for the release of information concerning

(PRINT ONLY)

myself in the Adult Abuse, Neglect, Exploitation Central Registry to:

Contact Person(s)\* Jessica Collins-Rogers Phone 785-291-0653  
Agency name KDADS  
Agency mailing address 503 S. Kansas Ave.  
Agency email address jessica.collinsrogers@ks.gov

Check box if agency is a CDDO, CMHC, or ILRC

Maiden Name and/or Other Names Known By: \_\_\_\_\_

(PRINT ONLY)

Address: \_\_\_\_\_

Street City State Zip Code

DOB:  / / SS#:  - -  Male  Female  
(mm/dd/yyyy) (mark one)

I understand that all information released will be for the exclusive and confidential use of the above-named organization/person. I have read and understand this form and the information provided is true and correct to the best of my knowledge.

I give permission for the release of any information concerning myself in the Adult Abuse and Neglect Central Registry each year while I am employed or associated with the above agency.   Yes   No

Signature: \_\_\_\_\_ Date:  / /  
(mm/dd/yyyy)

Per statute 65-6205: Community Service Providers, Mental Health Centers and Independent Living Centers may request information for the purpose of obtaining background information on applicants for employment without signed consent. Signature is not required from the individual for which the inquiry is made.

**RETURN TO:**

DCF.APSRegistry@KS.GOV  
or  
Adult Abuse Registry  
555 S. Kansas Ave  
Topeka, Kansas 66603-3444

*(Please allow 3-5 days for processing email requests and an additional 5-7 days if returning by US Postal Service)*

**FOR PPS ADMINISTRATION USE ONLY:**

Record Found?  No  Yes "Yes" indicates the individual is listed on the adult abuse, neglect, exploitation registry.

If yes, check all that apply  Abuse  Neglect  Exploitation  Fiduciary Abuse

Perpetrator's Name: \_\_\_\_\_ Date Substantiated: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_