Criminal Background Check Tracking Form for New Hires

Name: _____ Start Date: _____

This checklist is to be completed for all new hires. Please indicate results for each background check.

Checks Completed:

☐ ICHAT conducted _____: ☐ No Findings ☐ Findings

☐ MI Sex Offender Registry conducted _____: ☐ No Findings ☐ Findings

☐ National Sex Offender Registry conducted _____: ☐ No Findings ☐ Findings

☐ LEIE conducted _____: ☐ No Findings ☐ Findings

☐ MI List of Sanctioned Providers conducted _____: ☐ No Findings ☐ Findings
List of Sanctioned Provider Report Date Reviewed _____ *(date on the report)*

☐ *SAM.gov conducted _____: ☐ No Findings ☐ Findings **subcontractors only*

☐ *LARA (dated _____): ☐ No Findings ☐ Findings **if professionally licensed in MI*

☐ All checks were completed on _____ (date)

1. Has the individual resided in any other state(s)? ☐ Yes ☐ No
If yes, conduct criminal background check and state sex offender registry checks in those states. States resided in: _____

2. Do they go by any other aliases, or has their name changed? ☐Yes ☐ No
If yes, include those aliases or previous names in your checks
Previous Aliases or Names: _____

Eligibility Status:

☐ Eligible for Hire
Hire Date _____

☐ Not Eligible for Hire

Retain copies of all required criminal background checks and screens completed.