

## CRIMINAL HISTORY STATEMENT FORM

**INSTRUCTIONS:**

ALL Sections must be complete. Completion of this form is required for all potential clearances to provide care or services, that are requesting an exemption pursuant to Welfare & Institution Code 4689.2 (f).

Today's Date

SDP Agency

Applicant's Name

**APPLICANTS MUST RETURN THIS FORM BY:**

Mail: Department of Developmental Services, Office of Protective Services, 1215 O Street, MS 6-30, Sacramento, CA 95814  
E-mail: [sdpbackground@dds.ca.gov](mailto:sdpbackground@dds.ca.gov) Fax: (916) 654-1918

**ALL SECTIONS MUST BE LEGIBLE AND COMPLETE OR YOUR FORM WILL BE REJECTED**

**SECTION 1. CRIMINAL HISTORY**

If necessary, please use additional paper for explanations below

Arrest/Conviction Date:

Arresting Agency:

Full Explanation of the circumstance surrounding arrest(s)/conviction(s):

**SECTION 2. ADDITIONAL INFORMATION**

Current Employment (including how long you've been employed, any degree(s)/certificate(s) related to employment):

Steps Taken since arrest/conviction that show personal development and activities relevant to good character and justification for granting exemption (e.g., volunteer work, employment history, counseling, education, etc.):

Do you currently hold any other state department/private business clearances? (check all that apply)

No

CA Department of Social Services Clearance (please list type of clearance)

Family Home Agency (CA Department of Developmental Services)

Current Employment Clearance (please list company name and position for which you hold a clearance)

Other (please list department/company name and position for which you hold a clearance)

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How long have you worked with Regional Center Consumers to include licensed care, independent living, etc.?

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What duties will you be performing for the client?

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How long have you worked with this client?

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How did you meet/come to work for this client?