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## 11. BACKGROUND CHECKS

### 11.1 Qualifying Positions

Due to the frequency with which any library personnel or volunteers have significant contact with minors, in accordance with UCA 9-7-218, the Wasatch County Library will require a criminal background check for any final candidate who is being considered for employment in the library, or for any volunteer who is 18 years of age or older (“Candidates”). Final Candidates for employment, or a volunteer position, will be required to fill out the ‘Right of Access Provider Waiver’ form, and submit it to the library director ~~or designee (the Library Administrator)~~, in order to be hired into a position, or approved to volunteer.

### 11.2 Costs of Background Checks

The cost of the background check will be covered by the library.

### 11.3 Using Background Information

~~Employment offers may be made contingent on the results of the background check.~~ Information in the background check may result in an employment offer or appointment to a volunteer position being rescinded.

The results of the background check will be sent directly to the ~~library director~~ Library Administrator. ~~The library director, or an assigned administrator, who~~ will review the results of the background check and will take into consideration the nature of any offense listed in the Candidate’s criminal history as well as the amount of time that has elapsed since the offense occurred.

#### 11.3.1 Disqualifying a Candidate

If the ~~library director~~ Library Administrator decides to disqualify a Candidate because of information in the background check:

- The ~~library director~~ Library Administrator will provide written notice to the Candidate and provide the Candidate with an opportunity to respond.
- The ~~Library Administrator~~ library director has discretion on whether to disqualify or hire a Candidate based on the information received.
- The ~~Library Administrator~~ library director shall disqualify the Candidate if the background check shows:
  - a) a Felony,
  - b) a Misdemeanor involving any physical injury or crime of dishonesty, fraud, deceit or misrepresentation,
  - c) a registered sex offender,
  - d) any Misdemeanor from within the past 3 years, or
  - e) any conviction that bears a reasonable relationship to the Applicant’s ability to safely or competently perform the duties of the position.
- If a Candidate is disqualified as a result of the background check:
  - The library director shall provide the Candidate a written notice of the reasons for disqualification, and the Candidate may respond to the reasons within three (3) business days by providing the ~~Library Administrator~~ library director a detailed written explanation.
  - The ~~Library Administrator~~ library director shall respond the Candidate’s written explanation in writing, and shall either uphold their previous determination with a brief explanation, or shall reverse their disqualification decision.

### 11.4 Other Background Checks

The library reserves the right to conduct other background checks at any time during someone’s employment or volunteer service if evidence dictates its wisdom.

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**11.5 Policy Posting & Periodic Review**

This policy shall be posted in a prominent location in the library, and shall be distributed to prospective Candidates. -This policy shall be reviewed every 3 years by the Library Board.

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*APPROVED and ADOPTED by WASATCH COUNTY LIBRARY BOARD during an open and public meeting on May 17, 2024.*

*APPROVED by Wasatch County Council on June 5, 2024.*

*APPROVED and ADOPTED by WASATCH COUNTY LIBRARY BOARD on \_\_\_\_\_ 2026.*

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**11.6 Right of Access Provider Waiver Form**

**Right of Access Provider Waiver**  
 Wasatch County Attorney's Office  
 805 West 100 South, Heber City, UT 84032



**WASATCH**  
 COUNTY

**Request to Obtain a Copy of My Utah Criminal History Record**

I, the undersigned, am requesting a copy of my Utah Criminal History Record ("Record"). I understand this Record is protected by law (Utah Code Ann. §53-10-108) and without this waiver, may not be released to this agency. To process this waiver I must appear in person with valid photo identification. This agency is not authorized to retain a copy of this Record without my expressed permission.

<b>Please print clearly</b>	
Name: _____ <small>Last First Middle</small>	Date of Birth: ____/____/____ <small>(Month) (Day) (Year)</small>
Previously Used Name (s): _____ <small>(Maiden name, alias, etc.)</small>	
Physical Address: _____ <small>Street City State ZIP</small>	
Social Security #: _____	Driver License # _____ State _____

<b>Initials</b>	<b>Please read and initial the box below:</b>
<input type="checkbox"/>	I authorize a release of my Utah Criminal History Record, or any part thereof, by and to any duly authorized agent of the agency to accompany my employment, volunteer, licensing, permit application, or other purpose expressly approved by me today. Any information discovered may be used to consider my suitability for the purpose of my application by the individuals involved in the hiring or background investigation of the Applicant, legal counsel advising these persons, and persons considering an appeal by the Applicant.

I understand these results are not verified by fingerprints and are only valid on the date printed on this record. I may request a copy of the Record, but may only use it to respond to and challenge the accuracy of any information received. If I wish to challenge the completeness or accuracy of this record, I must submit a completed Application to Challenge Criminal History Records with fingerprints directly to the Bureau of Criminal Identification (BCI) where I may be subject to additional fees (R722-900-6). I understand this waiver may be kept on file at this agency for a period of at least three years and is subject to review by BCI Auditors, whether or not I choose to release my record to this agency today. I agree to indemnify and hold harmless BCI, this agency, elected officials, officers, employees, agents and volunteers associated with this application process from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. I understand the record may be used for decisions about employment or ability to volunteer with the agency. The agency will not discriminate against the applicant, or otherwise misuse the information in violation of federal or state laws or regulations, including equal opportunity laws or regulations.

A photocopy or electronic copy of this waiver is a valid representation of my original signature and is considered legal and binding just as the original writing of my signature.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
Identification Verified: _____ <small>(Initials)</small>	Criminal History Completed by: _____ <small>Signature &amp; Date</small>
<input type="checkbox"/> Criminal History <input type="checkbox"/> No Criminal History	