

Dear Criminal Justice Applicant:

Thank you for your interest in applying for the Indian Hills Criminal Justice program. We feel that our program is one of the best in the nation with the highest standards for ethics, integrity and professionalism. All applicants to this program must complete a questionnaire for participation in the program and undergo a criminal background check. This program is closed to all applicants with a felony record, conviction of a serious misdemeanor crime or **any crime of moral turpitude**.

Background checks are required for the following reasons. It would be unfair for Indian Hills to allow a student to complete the entire criminal justice program only to be refused employment because of a felony or serious misdemeanor conviction. This program also demands completion of two firearms qualification courses. Federal law prohibits individuals convicted of domestic abuse from possessing a firearm.

The questionnaire for participation is required for the following reason: In completing and signing this form you, as an applicant into this program, are stating that you have not been charged with or convicted of the listed offenses anywhere in the United States. Again, it would be unfair for an applicant to successfully complete the criminal justice program only to be unemployable in the field.

Included with this letter you will receive both the instructions for completing the background check and the questionnaire for participation form. Please complete the questionnaire and return it to:

ATTN Criminal Justice
Indian Hills Community College
525 Grandview Ave
Ottumwa, IA 52501

Please see the attached instructions (page 3-4) for the completion of your federal background check. Submitting your background check will require you to pay a processing fee of \$45. Upon receipt of the completed forms, we will determine your admission. A reply is usually received within the week.

We appreciate your interest in the Indian Hills Criminal Justice program and sincerely look forward to seeing you. If you have any questions feel free to contact me at (641) 683-5111, ext. 1738 or by email at Kimberly.Dreaden@indianhills.edu.

Sincerely,

Kim Dreaden
Department Chair, Advanced Technologies

QUESTIONNAIRE FOR PARTICIPATION IN THE INDIAN HILLS COMMUNITY COLLEGE CRIMINAL JUSTICE PROGRAM

YOUR POLICE RECORD

For this item, report information regardless of whether the record in your case has been “sealed” or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

YES NO

1. Have you ever been charged or convicted of any felony offense
(Including those under the Uniform Code of Military Justice)
2. Have you ever been charged with or convicted of a firearms or
explosives offense?
3. Have you ever been charged with, convicted of or are there currently
any charges pending against you for domestic abuse?
4. Have you ever been charged with or convicted of any offense(s)
related to alcohol or drugs?
5. Have you been arrested for, charged with, or
convicted of any offense(s) not listed to questions 1-4 above?
(leave out traffic fines of less than \$150 unless the violation was
alcohol or drug related.)

Print Your Full Name

Signature

Date

Address

Phone#

Declaration – I declare that the information that I have given is correct, and I understand that any attempt to give false information could lead to denial of entrance into or removal from the Criminal Justice Program.

VIEWPOINT SCREENING



CRIMINAL JUSTICE STUDENTS



How to Order Your Background Check

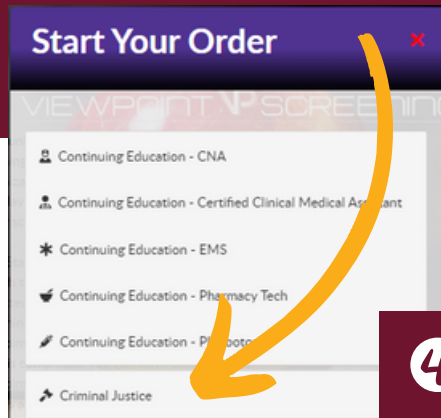
1 Go to School Page

GO TO the School's Landing Page on Viewpoint Screening's Website:
<https://www.viewpointscreening.com/indianhills>

2 Click on 'Start Your Order'

3 Choose Your Department .

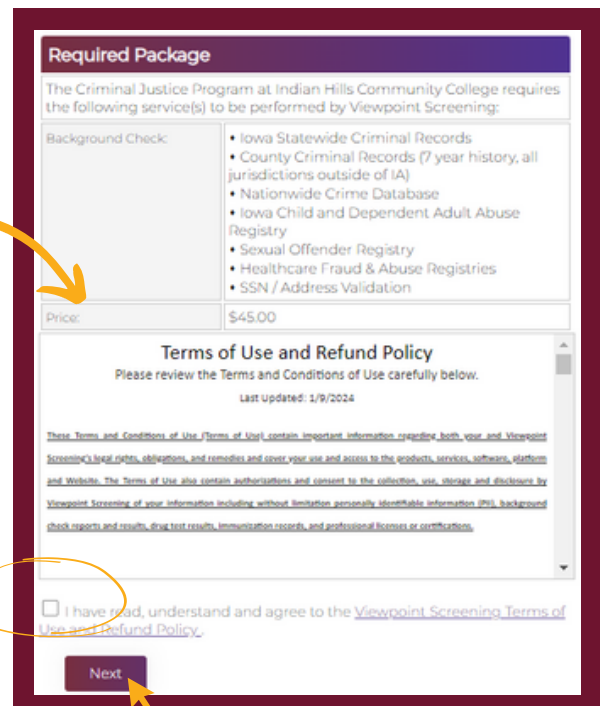
Then click on the "Background Check" package link UNDER YOUR PROGRAM.



4 Package Summary

Once you click on the link, you will be taken to a package summary screen.

Once you review your package and the terms of use policy, click the button to acknowledge and hit NEXT.



5

Complete the APPLICANT INFORMATION and address sections as prompted.



It is recommended to use your school email address.

6

Complete payment section.

Payment Information

First Name*:

Last Name*:

Credit Card Number*:

Exp. Date*: (MM/20YY)

CVV*2:

Credit Card Type*: Select Card Type

Contact Name (if business):

Email*:

Phone Number*:

Address*:

City*:


State*:

Postal Code*:

• **IMPORTANT:** Please note that if you enter an address other than the one on file with the credit card's issuing bank, or an incorrect CVV code, Viewpoint Screening will deny your transaction for security purposes. Additionally, denied transactions may cause the funds to be held by your bank for up to 5 business days before being released back to the card.

• "Viewpoint LLC" will appear on your credit card statement.

• A Parent or Guardian's credit card will be accepted.



• **WARNING:** Your credit card will be charged when you click "Next." This fee is non-refundable.

• Do not click more than once or you may be charged multiple times.

Applicant Information

First Name*:

Last Name*:

Middle Name*:

Alias/Maiden Name 1*:

Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.

Alias/Maiden Name 2*:

Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.

Alias/Maiden Name 3*:

Please Note: If you DO NOT have an alias name, leave this field blank. Only provide if you have used an alias within the last 7 years.

Social Security Number*: - -

Please Note: If you have not been issued a valid U.S. SSN then enter all zeros (000-00-0000) instead.

Date of Birth*: / / (mm/dd/yyyy)

Gender*: ☐ Male ☐ Female

Phone Number*: (111-111-1111)

E-Mail Address*:

Type E-mail address.

Re-type E-mail address.

IMPORTANT
Your email address will be your user name to log in. If you have placed a previous order, it is recommended to use the same email address to prevent separate logins. Separate logins will contain separate results / medical documents, and cannot be combined.

Please make sure you are entering your correct email address. You will be unable to log in or receive communications from Viewpoint Screening if your email address is not valid.

Current Residential Address:

Address*:

City*:

State or U.S. Territory*:

For an international address, select "International" and select the foreign Country name below.

Country*: United States

Zip Code*: [ZIP Code Look Up Tool](#)

Please Note: If you have an international address that does not require a Zip Code, please fill in "00000".

Log In to Your Account

Once your order is complete, you should be taken to a screen to CHANGE PASSWORD and LOG IN. Your username is the email you used to place your account, and the password will be whatever you enter here. When you click "Reset Password," it will automatically log you in to the Viewpoint System.

Thank you, your order has been submitted. Please be aware that this order does not contain a background check or a drug test.

You can now access your Health Portal to upload required documents.

You will be automatically logged into your account once you create/change your password.

Please RESET THE PASSWORD to your account associated with greys@anatomy.com

Passwords must contain one or more numbers, one or more special characters, and must be at least 12 characters long.

Enter your NEW password: ☐ Toggle Password

Confirm your NEW password:

☐ I have provided a strong password that will be remembered

Once you are logged in to your Viewpoint Screening Account, you'll be taken to your Dashboard. When your background check is completed, you can view it here.

VIEWPOINT VP SCREENING
A BETTER POINT OF VIEW