



WV CARES

West Virginia Clearance for Access: Registry and Employment Screening

REQUEST FOR VARIANCE OF FITNESS DETERMINATION – Applicant Request

Date: _____

Applicant Name: _____

Address: _____

City, State, Zip: _____

Application Number: _____

PART I

Pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I request a variance of my eligibility determination. This variance is requested based on the following mitigating circumstances (check all that apply):

- Passage of time
- Extenuating circumstances such as the applicant's age at the time of conviction, substance abuse, or mental health issues
- Demonstration of rehabilitation such as character references, employment history, and training
- Relevancy of the particular disqualifying offense(s) with respect to the type of employment sought
- Other – Please explain: _____



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PART II

Please provide an explanation for this variance request: _____

Please attach additional documentation relevant to the variance request review and submit, along with this form, by email to varianceswvcares@wv.gov. If you have any questions or require additional information, please contact our office at (304) 558-2018.

Please note WV CARES is bound by both State and Federal law and security policies related to the information we can release and/or discuss. No information related to the criminal history reports will be released or discussed with either the applicant or the facility.

I understand that, pursuant to the WV CARES Act and W.Va. St. R. §69-10-1 et seq., I may be provisionally employed for no more than 60 days pending the review of this variance request. Furthermore, I understand that I shall receive direct onsite supervision while the variance request is being reviewed.

Signature: _____ Date: _____