

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
CRIMINAL RECORD CHECK FOR DIRECT CARE EMPLOYMENT FORM**

Fax transmittal (DCI OPERATOR) Criminal Record Request DCI Operator: _____ Requesting Official: _____ Date: ____/____/____ Date: _____	FAX TRANSMITTAL (AGENCY) Criminal Record Results Requesting Official: _____ DCI Operator: _____ Date: ____/____/____ Pages _____
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SECTION I

DHHS Division/ Institution: Public Health
Phone: **Your recruiter's phone number** _____ Fax: (919) 870-4830 _____
Requesting Official: **Your recruiter's name here** _____ Position: Recruiter _____

Applicant/ Employee Name: _____
(First) (Middle) (Last) (Maiden)
Address: _____
City: _____ State: _____ Zip Code: _____ County: _____
SS#(last four digits only) _____ Driver's License: State/# ____/____
Race: _____ Sex: _____ DOB: _____

Direct Care Position Supervise Direct Care Position

Position Title and Number: _____

Has applicant resided outside of North Carolina during the past five years? YES NO
(If so, a fingerprint check is required.)

SECTION II

Date Returned _____ Information Returned By: _____ Phone: Letter: Fax:
DCI Operator: _____ No Record: HIT Record- DCI:
Convicted: YES: NO: Misdemeanor: Felony:
Crime: _____ Date of Crime: _____
Other Hits:
1. _____ SID/ FBI#: _____/
2. _____ SID/ FBI#: _____/
3. _____ SID/ FBI#: _____/
Notes:

RELEASE:

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a name or fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check in connection with my fitness to provide direct care for the Department of Health and Human Services pursuant to N.C.G.S.~114-19.6.

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, and its officials and employees shall not be held legally accountable in any way for providing this information to DHHS and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that DHHS cannot release the results of this criminal record check to me.

I understand failure to consent is just cause to bar employment and a criminal history may serve as a basis to deny employment.

Signed: _____

Date: _____