



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Human Resources

Human Resources

Criminal Records Check Transmittal Form

For HR Completion: Date Entered _____ Check ID# _____ Hit No Hit

Fingerprints Requested: Yes No If "Hit" Director Approval _____

Best Practice is no applicant should begin employment until both the Criminal and/or Fingerprints results are received

Applicant to Complete the below information: Please Print/Type

Applicant Name:

First: _____ Middle: _____ Last: _____

Maiden: _____

*Other Names (List all other NAMES ever utilized):

SSN (last 4) _____ DOB: _____ Gender: _____ Race: _____

Current Address:

Street _____ City _____ State _____ Zip _____

County: _____

Has lived in NC for more than five years in a row? Yes No (If no, fingerprints are required)

Please list all addresses where you have resided in the past 5 years:

Street	City	State	Zip	Dates at address

To be completed by Human Resources and/or Hiring Manager/Lead Office Administrator (LOA) (please print or type)

Classification: _____ Position Number: _____ Direct Care Non Direct Care

Employee Group: Intern Unpaid Students New Hire Staff Supervisor Volunteer

Unit/Work Location: _____ Unit Manager/ LOA: _____

Signature: _____ Date: _____

*Social Security numbers and date of birth are requested to ensure accurate retrieval of records. They will not be considered by the DHHS in making employment decisions. This form will be filed separately from your employment application.

FOR HR: *If more than 2 Alias names, add additional names and/or addresses in the comments section on the CBC System.



Department of Health and Human Services Criminal Record Check Consent Form

RELEASE:

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a name and/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 suitability to perform work for the Department of Health and Human Services pursuant to N.C.G.S. 114-19.6, N.C.G.S. 114-19.2, N.C.G.S. 143B-146.16 and N.C.G.S.115C-332. **In addition, I authorize the North Carolina Department of Health and Human Services to conduct a name check through use of the Administrative Office of the Courts (AOC) data system.**

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, **the Administrative Office of the Courts, DHHS and their** officials and employees shall not be held legally accountable in any way for providing this information to DHHS and I hereby release said **agencies** 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 the criminal history record check to me.

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

Signed _____ Date _____
