



## Department of Health and Human Services Criminal Record Check Consent Form

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### 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 \_\_\_\_\_

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# AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the STATE BUREAU OF INVESTIGATION, Special Operations Division, to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with Murdoch Developmental Center pursuant to NCGS 114-19.6, 114-19.2, 115C-332, and 143B-146.16.

(Type or Print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, 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 the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

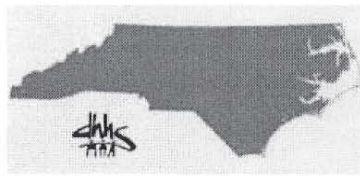
Applicant's/Employee's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.



# Department of Health and Human Services

## Criminal Background Check System

Ver 3.0.00 R 10.12.2012  
 Production  
 HR - CRC System  
 Logoff  
 WMORRILL

<b>Check ID:</b>		<b>Received:</b>		<b>Withdrawn:</b>	
No Hits: <input type="checkbox"/> Hits: <input type="checkbox"/> AOC (Administrative Office of the Courts)					
FPC Requested: <input type="checkbox"/> FPC Initiated by Agency: <input type="checkbox"/>			No Hits: <input type="checkbox"/> State Hit: <input type="checkbox"/> Federal Hit: <input type="checkbox"/> (fingerprint search)		
<b>Name, First:</b>		<b>Middle:</b>		<b>Last:</b>	
<b>Maiden:</b>					
<b>Alias 1:</b>					
<b>Alias 2:</b>					
<b>SSN (last four)</b>		<b>DOB:</b>		<b>Gender:</b>	
<b>Race:</b>					
<b>Street:</b>			<b>County of Residence:</b>		
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Has Lived in NC for more than five years in a row:</b>			<b>Not Hired:</b> <input type="checkbox"/> <b>Hired:</b> <input type="checkbox"/> <b>Volunteer:</b> <input type="checkbox"/>		
<b>Agency:</b>			<b>Qualified:</b>		
<b>Address 1:</b>					
<b>Address 2:</b>			<b>Current Status:</b>		
<b>Agency City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>HR In Process:</b>					
<b>CRC In Process:</b>					
<b>AOC Results:</b>					
<b>HR Results:</b>					

## Criminal Record Statement

**Name:**

**Email:**

**Phone:**

**Recruiter:**

**Have you ever been convicted of an offense against the law other than a minor traffic violation?**

**If yes, please provide the following information:**

**What was the offense?**

**In which state and city did you commit the offense?**

**When did this occur?**

**Please provide details of the offense:**

**I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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.