

CONSENT FOR BACKGROUND RECORD CHECK OF EMPLOYEE / VOLUNTEER / INTERN

All current or perspective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program and who have the potential for unsupervised contact with children (as defined in EEC regulations, 606 CMR 14.00) must complete and sign this Consent form.

To be completed by applicant	To	be	comp	leted	by	ap	plicant
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Full Name	Last	First	Middle	Maiden or other Su	rnames (list all)
Date of Birth	(MM/DD/YY)	Place of Birth	1	Gender (M/F)	_
Last six digits	of social security# (req	uired): XXX	If you ha	ave never been issued a SSN	# check here
Height	Weight	Eye Color		Mother's Maiden Name	
Dates and Place From /To	ces of Residence for the Number &		City	State	ZIP
Please list other	er states in which you ha	ave resided:			
Signing this for	rm means that you (the a	pplicant) understand	:		
• The response The e response The e adult/	esults of the DCF and COF mployer/potential employer/ retention/staffing decision mployer/potential employensible for the abuse or neg msible for the abuse or neg mployer/potential employer/ youthful offender conviction	RI checks will be share er listed on this applica ans. er will be notified if the lect of a child in a supplect of a child has been er will be notified if yo ons, non-convictions a tea BRC check on the lect of a BRC check on the listeness.	d with the empl tion will consider DCF backgroup ported 51B reported and the interpolation of the consideration of	vide the results to my emplo	on this application. In the second the seco
		Applicant's Signature		Date	_
Employer Ce	rtification:				
The applicant				EEC licensed program. I unul.	derstand that the
identification:			_	form of government issue (Please keep	ed photographic o a photocopy of
Please check	one:				
Applicant is A	a prospective employee_	, current employ	ree, pros	pective volunteer, curr	ent volunteer