## EMPLOYEE / VOLUNTEER / INTERN



All current or perspective employees/regular volunteers/interns who work in the Department of Early Education and Care (EEC) licensed program named at the bottom of this form 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:

| Full Name   | Last   | First  | Middle  | Maiden or o  | Maiden or other Surnames (list all)   |  |
|---|--|--|---|--|---|--|
| Date of Birth (MM/DD/YY)  |  | Place of Birth   | Gender (M/F)  |  |   |  |
| Last six digits of social security # (required)                       |  |  | If you have never been issued a social security # check here  |  |   |  |
| Height Weight Eye Color Mother's Maiden Name                          |  |  |   |  |   |  |
| Dates and Places of Residence for the Past<br>From /To Number & Stree |  |  | City  | State  | ZIP   |  |
| Please list oth   | er states in which you ha  | ve resided:  |   |  |   |  |
| Signing this form means that you (the applicant) understand:          |  |  |   |  |   |  |
| emple The e or neg been The e convi                                   | oyer/potential employer list<br>employer/potential employer<br>glect of a child in a support<br>filed and the investigation i<br>employer/potential employer<br>ctions and non-convictions | ed on this application wire will be notified if the Deed 51B report, or if a 514 not those allegations is provided by the second of the second | Il consider this info<br>DCF background classification of the property alleging the dending.<br>CORI check show delinquent or not come and to provide | neck shows that you have be<br>nat you were responsible for<br>rs a criminal history, which<br>delinquent, all sealed record | ng/retention/staffing decisions. een found responsible for the abuse r the abuse or neglect of a child has includes all adult/youthful offender |  |
|   | The information above to   | Applicant's Signature  |   | Date   | _   |  |
| Employer Co   | rtification  |  |   |  |   |  |
|   | is applying for a position   |  |   | licensed program within intended purpose is unla   | the entity listed on the bottom of wful.  |  |
| The applican  |  | ed by reviewing the  |   |  | ned photographic identification: of said identification in file with  |  |
| this applicatio   | n.)  |  | (2.1.   |  |   |  |
| Please check  | one:   |  |   |  |   |  |
| Applicant is  | A prospective employee   | , current emp  | oloyee  | prospective volunteer  | , current volunteer   |  |
| Signature of Authorized Background Record Check Reviewer              |  |  |   |  | Date:   |  |

Revised 08/14/2013