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	other Surnames (list all)
Date of Birth (MM/DD/YY)		Place of Birth	Gender (M/F)		
Last six digits of social security # (required)		quired)	If you have never been issued a social security # check here		
Height Weight Eye Color		Eye Color	Mother's Maiden Name		
Dates and Places of Residence for the Pas From /To Number & Stre			City	State	ZIP
Please list oth	er states in which you ha	ave resided:			
Signing this fo	rm means that you (the a	pplicant) understand:			
• The remple • The e or neg been • The e convi	oyer/potential employer list imployer/potential employer glect of a child in a supportified and the investigation imployer/potential employer ctions and non-convictions	RI checks will be shared ted on this application were will be notified if the I ted 51B report, or if a 51 into those allegations is per will be notified if yours, all juvenile findings of lete a BRC check on I	ill consider this info DCF background ch A report alleging th pending. CORI check show delinquent or not d	eck shows that you have be at you were responsible for	ng/retention/staffing decisions. een found responsible for the abuse the abuse or neglect of a child has includes all adult/youthful offender s, and all pending charges.
I certify to	ne information above is	s correct to the best of	f my knowledge.		
		Applicant's Signature	Ι	Date	
Employer Ce	rtification:				
				icensed program within intended purpose is unlaw	the entity listed on the bottom of wful.
The applican	t's identity was verif	ied by reviewing th	-	_	ed photographic identification: f said identification in file with
this applicatio	n.)		(T I I I I I I I I I I I I I I I I I I I	
Please check	one:				
Applicant is A prospective employee, current emp			ployee	prospective volunteer	, current volunteer
Signature of Authorized Background Record Check Revi			iewer		Date:

Revised 08/14/2013