



**CONSENT FOR BACKGROUND RECORD CHECK FOR:
Criminal Offender Record Information (CORI), and Sex Offender Registry (SORI)**

All current or prospective employees, who work with clients of the Cardinal Cushing Centers (CCC) and/or who have the potential for unsupervised contact with individuals with disabilities that participate in our programs must complete and sign this consent form.

To be completed by applicant:

Full Name	Last	First	Middle	Maiden or other Surnames
Date of Birth (MM/DD/YY)	Place of Birth	Gender (M/F)	Full Social Security #	
Phone	Email	Mother's maiden name		
Dates and Places of Residence for the Past Seven Years:				
From/To	Number & Street	City	State	Zip

Please list other states in which you have resided: _____

Signing this form means that you (the applicant) understand:

- CCC will conduct a Background Record Check which consists of both a Criminal Offender Record Information (CORI) check, Sex Offender Registry check and a Department of Developmental Services (DDS) background record check. CCC and MH may use this information for investigative purposes if you or your employer is the subject of a CCC or MH investigation.
- The results of the DDS, SORI and CORI checks will be shared with the employer/potential employer. The employer/potential employer will consider this information when making hiring/retention/staffing decisions.
- The employer/potential employer will be notified if the DDS background check shows that you have been found responsible for the abuse or neglect of a child in a supported 51B report, or if a 51A report alleging that you were responsible for the abuse or neglect of a child has been filed and the investigation into those allegations is pending.
- The employer/potential employer will be notified if your CORI/SORI check shows a criminal history, including convictions, pending charged, and/or criminal arraignments that did not result in conviction.

I grant CCC permission to complete a Background Record Check (BRC) on me and to provide the results to my employer/potential employer. I certify the information above is correct to the best of my knowledge.	
_____	_____
Applicant's Signature	Date

Employer Certification:

This applicant is applying for a position or is currently employed in an CCC or MH licensed program. I understand that the use of the form for any reason other than its intended purpose is unlawful. The applicant's identity was verified by reviewing the following form of government issued photographic identification:

(Please keep a photocopy of said identification in file with this application)

Signature of Authorized Background Record Check Reviewer

Date: