

**All sections must be completed and signed by the employer and the current or prospective employee/volunteer. Please print or type all information.**

**Incomplete forms will be returned without the Responsible Individuals List check completed.**

**Section I: Information Regarding Employer Requesting a Background Check from the Responsible Individuals List.**

Employer's Name: \_\_\_\_\_

Employer's Organization: \_\_\_\_\_

Employer's Mailing Address: \_\_\_\_\_

Employer's Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Employer's Fax Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Employer's E-mail Address: \_\_\_\_\_

Type of Employer:     Child Caring Institution                       Child Placing Agency  
                                  Group Home Facility                                       Child Care Provider  
                                  Guardian ad Litem     County DSS  
                                  Other Prov. of Foster Care                                       Other Provider of Adoption

**Section II: Information Regarding Employee, Applicant, or Volunteer.**

Employee/Applicant/Volunteer's Full Name (including MI): \_\_\_\_\_

Employee/Applicant/Volunteer's Date of Birth: \_\_\_\_\_

Employee/Applicant/Volunteer's Social Security Number: \_\_\_\_\_

Employee/Applicant/Volunteer's Gender: \_\_\_\_\_

Other Names Employee/Applicant/Volunteer has Used (i.e. Maiden name, nicknames, former married names, etc.):  
\_\_\_\_\_

**Section III: Employer Certification**

**I hereby request information from the North Carolina Responsible Individuals List. I certify that I am a person representing a child caring institution, child placing agency, group home facility, or a provider of foster care, child care or adoption services that needs to determine the fitness of individuals to care for or adopt children. I either currently employ the individual listed above, or am strongly considering the individual**

**for an employment, contract, or volunteer position. I will only use the information requested to determine whether to hire or retain the individual.**

Print Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section IV: Employee/Applicant/Volunteer Acknowledgment**

**I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above-named employer whether my name appears on the Responsible Individuals List, indicating that I am the subject of an existing substantiated report of child abuse or serious neglect.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section V: For Office Use Only**

Initials

\_\_\_\_\_ Form submitted incomplete and returned to the employer without the Responsible Individuals List check completed.

\_\_\_\_\_ As of (date of check), employee's name NOT found in the Responsible Individuals List.

\_\_\_\_\_ As of (date of check), employee's name found in the Responsible Individuals List.

Finding: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_