Reset Form Print Form

DHR-ESB3001
02/10

Department of Health and Human Services
Criminal Record Check for Direct Care Employment
Transmittal Form

FAX Transmittal (DCI OPERATOR)	Fax Transmittal (AGENCY)
Criminal Record Request	Criminal Record Results
DCI Operator: _____	Requesting Official: _____
Requesting Official: _____	DCI Operator: _____
Date: ___/___/___ Pages: _____	Date: ___/___/___ Pages: _____

SECTION 1

DHHS Division/Facility/School _____
Phone# _____ Fax # _____
Requesting Official _____ Position _____
Applicant/Employee Name _____
(first) (middle) (last) (maiden)
Address _____
City _____ County _____
Race _____ Sex: ☐ Male ☐ Female DOB ___/___/___ SS# ___/___/___
Driver's License: State/# ____/_____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Position _____
Has applicant resided outside of North Carolina during the past five years? ☐ Yes ☐ No

SECTION II

Date returned _____ Information Returned by: ☐ Phone ☐ Letter ☐ Fax
DCI Operator _____ No Record _____ HIT Record: DCI: _____
Convicted: ☐ Yes ☐ No Misdemeanor ☐ Felony ☐ Crime _____
Date of Crime _____
Other Hits:
1. _____ SID/FBI# _____
2. _____ SID/FBI# _____
3. _____ SID/FBI# _____
Notes: