

EEC BACKGROUND RECORD CHECK: REVIEWER REQUEST

Any person in the licensed program who is a necessary participant in the hiring decision and/ or who will receive, review or discuss the results of criminal background investigations or DSS Background Record Check information of potential employees or volunteers in your program must complete and sign this request for a Criminal Offender Record Information (CORI) check and DSS Background Record Check and for EEC approval. **The licensee will be notified if no criminal history and no DSS Background Record Check history exists and you are approved to access Background Record Check data. You and the licensee will be notified if your CORI check shows a criminal history or your DSS Background Record Check shows an abuse or neglect history that requires further review.** If your CORI or DSS Registry check requires further review, information regarding the procedures you must follow will be sent directly to you. The decision to allow you access to CORI data will be made by the EEC review committee, based on the nature of your criminal history or abuse or neglect background, mitigating circumstances, and other information that you provide.

To Be Completed By the Employee

____ I am a necessary participant in the hiring decision. **(Reviewer with Hiring Authority)**

____ I am not a participant in the hiring decision but I will have access to CORI and DSS Background Record Check information as part of my job responsibilities. **(Reviewer with Access Only)**

Full Name	Last	First	Middle	Maiden or Other Surnames
Date of Birth (MM/DD/YY)	Place of Birth	Social Security #		
Dates and Places of Residence for the Past Seven Years:				
From / To	Number & Street	City	State	ZIP
____ Present				

Please list other states in which you have resided: _____

Have you ever been convicted of a criminal offense? (Note: Although EEC may obtain such information, Massachusetts law provides that you are not required to disclose a first conviction of drunkenness, simple assault, speeding, minor traffic violations or disturbance of the peace, or any misdemeanor where conviction or incarceration was completed more than five years before this application.) **No** **Yes** **If yes, please list convictions and dates:**

Has the Massachusetts Department of Social Services ever supported allegations of abuse or neglect of a child by you?

No **Yes** **If yes, please list dates:** _____

Has any other state or agency ever supported allegations of abuse or neglect of a child by you? **No** **Yes**

If yes, please explain: _____

I consent to:

- EEC review of any record held about me by the Criminal History Systems Board, and
- EEC review of any record held about me by DSS Central Registry or Registry of Alleged Perpetrators.

Signature

Date

Licensee _____

Program Name and Address _____

Program Phone Number _____ Program Licensor _____

EEC USE ONLY: _____
Program Type

Program Facility Number

PLEASE READ AND SIGN STATEMENT ON REVERSE

**AGREEMENT OF NON-DISCLOSURE
AND
STATEMENT OF CORI CERTIFICATION COMPLIANCE**

I understand that any person who willfully requests, obtains or seeks to obtain criminal offender record information (CORI) under false pretenses, or who willfully communicates or seeks to communicate CORI to any agency or person except in accordance with the provisions of M.G.L. c. 6, §§ 168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars (\$5,000.00), or imprisoned in a jail or house of correction for up to one year, or both and/or may be ordered by the Criminal History Systems Board to pay civil fines not to exceed five hundred (\$500.00) for each willful violation.

I understand that CORI certification authorizes me to only request, access, and review CORI to the extent authorized by the CHSB. The extent of the certification will be included in the agency's CORI certification letter and I agree to read, understand, and request CORI only for those individuals for which the CHSB has granted certification.

I have reviewed, understand and agree to comply with the CHSB audit guidelines that are available at www.mass.gov/chsb. I agree to store and disseminate CORI consistent with these guidelines.

I understand how to read and interpret a CORI report and have reviewed the information provided by the CHSB entitle "How to Read a BOP" that is available at www.mass.gov/chsb. I agree to provide all applicants with a copy of their CORI upon request so they may review it.

I understand that all agencies certified to access CORI are required to maintain an agency CORI policy and will review the Mod4I CORI policy that is available at www.mass.gov/chsb.

I also understand that a criminal record check will be conducted on me by the Criminal History Systems Board as a prerequisite to my having authorization for access to CORI. I will only be notified if I am determined inappropriate to access CORI.

Signature

Date

Agreement Of Non-Disclosure of DSS Background Record Check Information

DSS Background Record Check records may be disseminated only to individuals authorized to receive such information. An individual authorized to receive such information shall have been hired in accordance with 102 CMR 14.00 and authorized by the licensee and EEC to review such DSS Background Record Check information. Willful dissemination of such DSS Background Record Check information to unauthorized individuals is punishable by a jail sentence of up to two and one half years and/or a fine of \$1000 in addition to civil penalties, pursuant to G.L. c. 119, §51F.

I agree to request DSS Background information only on those candidates for hire who are otherwise qualified in all respects, as a final step in the screening and hiring process;

I agree to disclose DSS Background Record Check information only to those individuals necessary to the hiring process who have been approved by EEC.

I understand that if I disclose DSS Background Record Check information to unauthorized individuals I may be subject to a jail sentence of up to two and one half years and/or a fine of \$1000 in addition to civil penalties.

Signature

Date