

OUR HOME-CHURCH OF GOD CHILDREN'S HOME
APPLICATION ADDENDUM

I _____ as a Direct Care staff have no criminal convictions that will adversely affect my capacity and ability to provide care, safety, and security for children in residence at Church of God Children's Home.

The Church of God Children's Home has reserved the right to question the applicant's record for criminal activities, i.e. whether the applicant has ever been convicted of either a felony or misdemeanor in any state or federal court.

Signature of Applicant

Date

Last Name _____ First _____ Middle _____

Other Names/Maiden/Alias _____

Social Security* # _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: <small>Jo Ann Lucas</small>	Email: <small>cogtreasurer@yahoo.com</small>		
Phone: <small>704-798-1164</small>	Fax: _____		
<input type="checkbox"/> Always Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST-Criminal - NC			
ST-Motor Vehicle - NC			
Residency History			

North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

Instruction for completing DSS-5268 (please read carefully):

G.S. § 7B-311 authorizes the release of information regarding substantiated cases of abuse and serious neglect from the Responsible Individuals List (RIL), for the sole purpose of determining current or prospective employment in certain situations, or fitness to provide care for children. This includes applications to foster or adopt a child. All sections of the DSS-5128 must be completed and signed by the agency and the prospective employee/applicant/volunteer.

Please print legibly or type all information. Incomplete or illegible forms will be returned via fax without the RIL check completed.

Requests for information may be submitted by:

Fax (919) 715-6714, Attn: RIL

Mail (must include SASE) N.C. Division of Social Services Attn: RIL
325 N. Salisbury St.
Mail Service Center 2408
Raleigh, North Carolina 27699-2408

Agency Requesting Information

Agency Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

FAX: _____

Type of Agency (Check One)

- | | |
|---|--|
| <input type="checkbox"/> Child Care Provider | <input type="checkbox"/> Child Caring Institution |
| <input type="checkbox"/> Child Placing Agency | <input type="checkbox"/> County DSS |
| <input type="checkbox"/> Group Home Facility | <input type="checkbox"/> Guardian ad Litem |
| <input type="checkbox"/> Other Provider of Adoption | <input type="checkbox"/> Other Provider of Foster Care |
| <input type="checkbox"/> Adoption Home Study | <input type="checkbox"/> Foster Parent Applicant |

Agency License Number (if available) _____

Agency 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 below, 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.

Name and Title: (PRINT)

Signature:

Date: _____

Employee (E), Applicant (A) or Volunteer (V).

Print E, A, or V's Full Name (including MI):

First Name MI Last Name

E, A, or V's Date of Birth (MM/DD/YYYY):

____/____/____

E, A, or V's Social Security Number (last four digits)

E, A, or V's Gender:

____ Male ____ Female

Other names used (maiden, nickname, former married name etc.):

Employee (E), Applicant (A), or Volunteer (V)

Acknowledgement:

I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the above named agency whether my name appears on the Responsible Individuals List, indicating that I am identified as being responsible for the abuse or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

Form submitted incomplete

Ineligible to request information

As of _____ E, A, V's name is NOT on the RIL

As of _____ E, A, V's name found on the RIL

Finding:

Completed by:

Staff Name (Print):

Signature:

Date: _____