Original

Children's Express Learning Center, Inc.

Name _____

Permanent Address _____

Home Phone _____ Cell Phone _____

Are you at least 18 years of age? YES NO

Position applying for? _____

Age Group? _____ Hours per week desired _____

Do you have a valid driver's license? _____ State _____ Lic. # _____

Do you have a Special Operators License? _____

If you have been convicted of any moving violations within the past three years, please list and explain. Please include the date of violation.

_____

_____

_____

_____

Education:

High School _____ Number of years attended _____

College _____ Number of years attended _____

Degree/ Certificate earned _____

Relevant courses completed _____

_____

_____

References

Name	Address	Phone	Years Known

Experience:

Company Name _____
Address _____
Phone Number _____ Position Held _____
Responsibilities _____
_____
Name of Supervisor _____
Dates Employed _____ To _____
Salary Start _____ End _____
Reason for leaving _____

Company Name _____
Address _____
Phone Number _____ Position Held _____
Responsibilities _____
_____
Name of Supervisor _____
Dates Employed _____ To _____
Salary Start _____ End _____
Reason for leaving _____

Company Name _____
Address _____
Phone Number _____ Position Held _____
Responsibilities _____
_____
Name of Supervisor _____
Dates Employed _____ To _____
Salary Start _____ End _____
Reason for leaving _____

Do you have the physical capabilities to perform the essential functions of this job? _____ If no, state the accommodations that would allow you to perform the job _____
_____

I certify that all of the information on this application is to the best of my ability, true and accurate.

_____
Signature Date

MASSACHUSETTS
Department of Early Education and Care

EEC Background Record Check Consent Form

In accordance with state and federal law, you must complete and sign this consent form to undergo a Background Record Check (BRC) if applying for licensure, employment, or affiliation involving programs licensed, approved, or funded by the Massachusetts Department of Early Education and Care (EEC).

Learn more about the BRC process at Mass.gov/eec-background-record-checks.

All fields are required, if applicable. If a field is not applicable, you can leave it blank.

Program and role information

LEAD Program Number: P - 186295

Role (check one):

- ☐ Licensee
- ☐ BRC Program Administrator
- ☐ Employee
- ☐ Volunteer
- ☐ Intern
- ☐ FCC Assistant
- ☐ FCC Household Member
- ☐ FCC Regularly on Premises
- ☐ Adoptive Parent
- ☐ Adoptive Household Member
- ☐ Relative Caregiver
- ☐ Foster Parent
- ☐ Foster Household Member
- ☐ In Home Non-Relative Caregiver

Personal information (enter exactly as it appears on your ID)

First Name	Middle Name	Last Name

Have you ever gone by another name, including a maiden name, hyphenated name, or alias?

☐ Yes ☐ No

If yes, list all maiden names, hyphenated names, aliases, or variations of a name you have ever used:

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Email Address: _____

Phone Number: _____

Date of Birth (mm/dd/yyyy): _____

_____ _____ _____

Birth City Birth State Birth Country

Have you ever been issued a Social Security Number? ☐ Yes ☐ No

If yes, list the last 6 digits of your Social Security Number (XX-XXXX): _____

Gender identity (check one):

Male ☐ Female ☐ Non-Binary ☐ Another Gender ☐ I prefer not to disclose ☐

Current residential address

Street 1:

Street 2:

City | State | Zip Code | Country

Current mailing address

☐ My current mailing address is the same as my residential address.
(Leave this section blank if checked)

Street 1:

Street 2:

City | State | Zip Code | Country

Out of state addresses

Have you lived anywhere outside of Massachusetts within the last 5 years? (Excluding your **current** address)

☐ Yes *(Provide full address below for each place you lived in the last 5 years)*

☐ No *(Leave this section blank if checked)*

Date from (mm/dd/yyyy): Date to (mm/dd/yyyy):

Street 1:

Street 2:

City | State | Zip Code | Country

Date from (mm/dd/yyyy): Date to (mm/dd/yyyy):

Street 1:

Street 2:

City | State | Zip Code | Country

Date from (mm/dd/yyyy): Date to (mm/dd/yyyy):

Street 1:

Street 2:

City | State | Zip Code | Country

Date from (mm/dd/yyyy): Date to (mm/dd/yyyy):

Street 1:

Street 2:

City | State | Zip Code | Country

Date from (mm/dd/yyyy): Date to (mm/dd/yyyy):

Street 1:

Street 2:

City | State | Zip Code | Country

Please read this document in its entirety.
Sign the last page before submitting this form.

Your rights and responsibilities

Confidentiality

EEC takes the protection of personal information seriously. The information you provide to EEC will be kept confidential to the extent required by law and by your agreement to these terms. The BRC process is in a secure environment used by government agencies.

If EEC needs to contact you by email about your BRC, the agency will provide instructions in the email on how to access information in EEC's secure environment. No personal information will be included in e-mail.

EEC does not disclose specific BRC information to programs. Any program where you are currently employed or seeking employment will not be notified of any disqualifying findings. EEC will only share your final eligibility determination with the program. EEC understands you may need to ask the program to assist you. Please use discretion when requesting assistance from others, as your personal information may be visible to the person assisting you.

User agreement

Signing the BRC Consent Form means that you consent and understand that:

- Your personal information will be submitted to:
    - The Massachusetts Department of Criminal Justice Information Services (DCJIS) for a Criminal Offender Record Information (CORI) check.
        - Within this one-year period, EEC may conduct subsequent CORI checks for your personal information.
        - You may withdraw this authorization at any time by providing EEC with written notice of your intent to withdraw consent to a CORI check.
        - If you are an adoption or foster care applicant, the results of your CORI check will be shared with the agency listed on your application.
    - The Massachusetts Department of Children and Families (DCF) to check for supported allegations of abuse or neglect.
    - The Massachusetts Sex Offender Registry Board (SORB) for a Sex Offender Registry Information (SORI) check on sex offenders categorized as levels 1-3 by SORB.
    - State law enforcement and the Federal Bureau of Investigation (FBI) to conduct a fingerprint-based search against state and national criminal history databases.
        - Prior to this check, you will complete a separate consent form and will be required to submit fingerprints at a third-party vendor.
- If applicable, your personal information will be searched against the National Sex Offender Registry (NSOR) to check for convictions of sexually violent offenses against adults and children and certain sexual contact and other crimes against victims who are minors.
- If applicable, you authorize EEC to request information about your background from relevant agencies or authorities in any state, territory, or region where you have lived in the past five years, and you further authorize EEC to receive information from such agency or authority about your background.
- EEC may use your information for investigative purposes if you are the subject of or involved

in an EEC investigation.

- You are responsible to disclose to EEC if new criminal charges, sex offender registry or repository classifications, or child welfare allegations have been filed against you.
- You authorize EEC to receive information on an ongoing basis for any new or pending allegations or supported allegations involving child welfare agencies, entries in sex offender registries or repositories, and criminal charges at any time within the year, and while you are affiliated with an EEC licensed, approved, or funded program.
- Knowingly providing false or misleading information, including, but not limited to, omitting a known alias or maiden name, failing to list all states where you have resided within the prior five years, or not providing accurate identifying information is independent grounds to find you not suitable for licensure, employment, or affiliation involving an EEC licensed, approved, or funded program.
- If you do not consent to EEC's BRC process then you will be found not suitable for licensure, employment, or affiliation involving an EEC licensed, approved, or funded program.

Non-disclosure and compliance for BRC Program Administrators of Placement Agencies

A BRC Program Administrator is a person designated by an EEC licensed, approved, or funded program and approved by EEC to submit the required candidate information for a BRC, including consent forms.

As a BRC Program Administrator for an EEC licensed placement agency, you acknowledge the following:

- 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 G.L. c.6, §§ 168 through 178B, inclusive, shall for each offense be fined not to exceed five thousand dollars ($5,000), or be imprisoned in a jail or house of correction for up to one year, or both, and/ or may be ordered by the Department of Criminal Justice Information Services (DCJIS) to pay civil fines for each willful violation.
- You are only authorized to request CORI to the extent allowed by DCJIS under its statute and regulations.
- You have reviewed, understand, and agree to comply with the DCJIS guidelines available at https://www.mass.gov/eopss/agencies/dcjis and you agree to store and disseminate CORI consistent with these requirements.
- You understand your agency is required to maintain an agency CORI policy and review the Model CORI policy available at https://www.mass.gov/eopss/ agencies/dcjis.
- You understand a criminal record check will be conducted on you by EEC as a prerequisite to having the authorization to request CORI. You will only be notified if you are determined inappropriate to access CORI.

Signature*

☐ I certify, under the pains and penalties of perjury, that the information provided is correct to the best of my knowledge and understanding. I acknowledge that failing to disclose required information or providing false or misleading information is an independent reason to deny suitability for licensure, employment, or affiliation involving programs licensed, approved, or funded by EEC. I further understand that this consent is valid for one year from the date of signing, unless I give EEC a written notice of withdrawal. By signing this form, I acknowledge that I have received and reviewed the background record check informed consent information.

Candidate signature (or parent/ guardian if under 18 years of age) **Date**

Candidate printed name (or parent/ guardian if under 18 years of age)

* Electronic signature permissible