



**DEPARTMENT OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION  
Criminal History Record and Registry Checks Request**

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

Criminal Justice Position  
 Current DJJDP Employee

Non Criminal Justice  
Intern/Volunteer

**Section I (To be completed by HR Staff)**

Requesting Official: \_\_\_\_\_ Signature: \_\_\_\_\_

**Section II (To be completed by Applicant/Employee)**

Subject of Inquiry:

Full Last Name \_\_\_\_\_ Full First Name \_\_\_\_\_ Full Middle Name \_\_\_\_\_

List ALL previously used last names: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_

NC Driver's License #: \_\_\_\_\_ Out of State License: \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of: Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Scars/Tattoos/Marks: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ City/State \_\_\_\_\_ High School: \_\_\_\_\_ City/State \_\_\_\_\_

Current Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Address Last 2 Years: \_\_\_\_\_ Street Address \_\_\_\_\_ City/State \_\_\_\_\_

Previous DJJDP Employment:  No  Yes Dates: \_\_\_\_\_

**Release:** I hereby give my permission for the Department of Juvenile Justice and Delinquency Prevention to conduct the following record and registry checks for the purpose of employment screening.

1. NC SBI Division of Criminal Information                      3. North Carolina Nurse Aide I Registry  
2. North Carolina Healthcare Personnel Registry              4. North Carolina Medication Aide Registry

I understand the information obtained from these sources may serve as a basis to deny employment or intern/volunteer services.

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

**Section III (for DCI Operator Use Only)**

Notes: \_\_\_\_\_