

Background Check Center (BCC) Consent Form

The BCC process applies to any person who is employed to provide care or services: 1) in any capacity, including as an employee, an agent, or an independent contractor, in a nursing facility, home agency, or similar facility licensed pursuant to Chapter 11 of Title 16 of the Delaware Code, or 2) as an employee of a hospice agency, a home care agency, or a personal assistance services agency (home care agency) licensed pursuant to §122(3)(m), (3)(o) and (3)(x) of Title 16 of the Delaware Code working in a private residence, or 3) temporary employment agencies providing individuals to work in the settings identified in 1 and 2 above.

Three (3) different consents are required: one for the criminal history (state and federal), one for the Child Protection Registry, and one for the transmission of drug test results, as required by 11 *Del.C.* 1142 and 1146.

For purposes of this form, all of these work settings will be called entity/entities all persons or entities hiring a person for work are **employers**, all persons working will be called **employees**, regardless of whether self-employed, or employed by another, and the **prospective employer** will be the employer seeking to vet an employee prior to hiring, or as directed by statute.

I. Criminal Background Check

I am seeking employment in an entity that requires that my application be processed through the BCC, 29 *Del.C.* §7970. The Background Check Center (BCC) contains information, derived from the State Bureau of Identification, regarding both my State of Delaware and federal criminal history records. I consent to the sharing of my criminal history record with the Division of Health Care Quality (DHCQ) I understand that the criminal history information provided to DHCQ is strictly confidential and that it may be used solely to determine my suitability for hiring and continued employment. I also understand that if hired, I will be subject to a periodic update of my Delaware criminal history (Rap-Back), and I consent to that process.

If I am directed to work in an entity and the entity is not my employer, I consent to the sharing of my notice of eligibility information by my employer with the entity where I am directed to work. If I am a student training in health care services and am directed to work in an entity as part of that training, I consent to the sharing of my notice of eligibility by the school I am attending with the entity where I am directed to work. If I am directed by my employer to work with a patient in the community, I consent to the sharing of my notice of eligibility with the patient, or the patient's surrogate or agent.

I am providing the information in the space below to facilitate the process of securing my criminal history for the BCC. The information I have provided is true and accurate. I have been informed that

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failure to provide accurate information could result in a civil penalty of not less than \$1,000 nor more than \$5,000 for each violation.

I hereby grant the State of Delaware, employer, or prospective employer a full release from liability related to the procurement or evaluation of my Delaware criminal history now, or in the future, if additional information is provided through the Rap-Back. I also grant the State of Delaware, employer, or prospective employer a full release from liability related to the notification of a Rap-Back with an entity where I have been directed to work.

I further understand that any employment prior to the receipt of the criminal history record review is conditional and that such conditional employment is limited to 60 days.

Signature: _____ Date: ___/___/___

****A parent/guardian must sign this form if the applicant is a minor ****

Parent/Guardian signature: _____ Relationship: _____

II. Child Protection

Have you ever been involved in a substantiated case of child abuse or neglect? [] Yes [] No

If Yes, please explain: _____

I hereby authorize the Delaware Department of Services for Children, Youth and Their Families to provide the below named agency/organization with all substantiated cases of child abuse or neglect concerning me contained in the Child Protection Registry. I further release the Delaware Department of Services for Children, Youth and Their Families, its officers and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature: _____ Date: ___/___/___

****A parent/guardian must sign this form if the applicant is a minor.**

Parent/Guardian signature _____ Relationship: _____

Name of agency or organization: _____

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III. Drug Testing

I am required to submit to drug testing as part of the employment process (11 Del.C. §1142 and 1146).

The results will be transmitted to the prospective employer directly by whatever method is mutually agreed upon. The drug test results shall be used solely for the purpose of determining my suitability for employment. The prospective employer is required by law to maintain the confidentiality of the results.

I consent to the release of the drug test results to the prospective employer.

Signature: _____ Date: ____/____/____

**A parent/guardian must sign this form if the applicant is a minor.

Parent signature _____ Relationship _____

IV. Service Letters

As required by the provisions of 19 Del.C. §708 and 11 Del.C. §8563, I hereby authorize the completion of the Delaware Department of Labor, Office of Labor Law Enforcement Service Letter. The letter(s) may be completed by my most recent previous employer or by a health care facility or childcare facility employer for whom I worked in the past (5) years or by a current employer.

I consent to the release of the service letter results to the prospective employer.

Signature: _____ Date: ____/____/____

**A parent/guardian must sign this form if the applicant is a minor.

Parent signature _____ Relationship _____

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V. Application Information

DOB: ___/___/___

SSN: ___-___-___

Name

First

Name:

Middle

Name:

Last Name: _____ Suffix: _____

Alias

Alias

First

Name:

Alias

Middle

Name:

Alias Last Name: _____ Alias Suffix: _____

Alias

Alias

First

Name:

Alias

Middle

Name:

Alias Last Name: _____ Alias Suffix: _____

Address

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

Phone: _____ E-mail: _____

Position

Position Applying for: _____

Professional License(s)

Prof. License #: _____

Photo ID Information

Driver's License/State Photo ID #: _____ Issued by the state of: _____

Gender: _____ (Female, Male)

Race: _____ (Asian/Pacific Islander, American Indian/Eskimo, Black, Unknown, White)

Place of Birth: _____ (Country)

Height: ___ ft. ___ in. Weight: _____ lbs.

Eye Color: _____ Hair Color: _____

Send notices to me via (Check one): US Mail at the address above
 E-mail at the address above
 Text message at this number _____

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Applicant Rights

I understand that upon my request for an appointment with the DHCQ, I will be given the opportunity to view (if applicable) any potentially adverse information of me based on the information I have supplied. The Division cannot view Drug Test or Service letters. Only the employer, prospective employer or former employer has that information.

I understand that if the information provided through the BCC is inaccurate, it is my responsibility to contact the agency that maintains the data source to correct the information. I can find out the source of the data by contacting DHCQ at 1-302-421-7405.