

CRIMINAL BACKGROUND CHECK

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Current Address and  
how many years at this  
address: \_\_\_\_\_

Other Names:  
(Maiden/Alias) \_\_\_\_\_

Previous Address: \_\_\_\_\_

How many years: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender: M F

Phone Number: \_\_\_\_\_

Race: \_\_\_\_\_

(Write appropriate letter in the space:  
W=White, B=African American  
I=Native American, A=Asian or Pacific

Reason:  
State and Federal Check  
NC Day Care Provider  
NCGS 114-9.5, 110-90.1 to 110.91  
Employer Address:  
Div. of Child Development NC DHHS 2201 Mail Service  
Center  
Raleigh, NC 27699

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_

BLU – Blue  
GRN – Green  
PNK - Pink  
BRO - Brown  
HAZ - Hazel

Case #: (OCA): DOCD0000

Hair Color: \_\_\_\_\_

BAL – Bald  
BRO – Brown  
RED – Red  
BLN – Blond  
BLK - Black  
GRY - Gray  
SDY - Sandy

This form is used to collect your data to register for a  
Criminal Background Check at the Division of Child  
Development and Early Education of the Dept. of Health and  
Human Services.

OFFICE USE  
ONLY:

Company Email: \_\_\_\_\_

NCID: USER: \_\_\_\_\_ PASS: \_\_\_\_\_

CRIMINAL BACKGROUND CHECK