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NCDPS

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DIVISION OF ADULT CORRECTION-PRISONS

CRIMINAL BACKGROUND CHECK REQUEST FORM

CV ORIENTATION at RCCW

March 1, 2014 9am -11am

**** (Deadline for DCI form February 14th) ****

In order for the request to be processed ALL items must be filled out.

NAME OF APPLICANT: _____ Date: _____

If Legal Name has changed within the last (2) two years provide prior name: _____

Purpose of Request: (ex. Employment or Volunteer) **VOLUNTEER**

Date of Birth: _____ Race: _____ Sex: _____

Operator License Number (DL): _____ State of Issue: _____

Complete Social Security Number: _____ **(ALL NINE NUMBERS ARE REQUIRED)**

Home Address: _____

Secondary Address: (If at current address less than (5) five years)

*****BELOW THIS LINE OFFICE USE ONLY*****

Requested By: _____

Phone Number: _____ ext. _____

Date of Request: _____

Pin Check Completed By: _____ Date: _____

Approved by: _____ Date: _____

Notes: _____

