



Child Welfare Record Check Declaration
F 4-7

A Child Welfare Record Check (CWRC) will determine whether a person is recorded on the Child Welfare Information system as someone who has caused a child to need protection.

Photocopies, faxes, or scanned copies will not be accepted by Human Resources unless the copy has been verified to be a true original by an administrator or school office staff. The photocopy must be signed and dated by the administrator or school office staff as proof of verification. The CWRC must be dated within one year or it will not be accepted.

All applicants seeking a position shall be required to provide a CWRC prior to an offer of employment being made. If the CWRC cannot be obtained prior to the start date of employment, Human Resources may still offer the position to the individual if an emergency situation exists and the employee completes the following declaration. Such offer will be contingent upon a clear Criminal Record Check, receipt of positive reference checks, and a request from an administrator. The division may withdraw the offer or terminate employment at any time in the event that the individual's CWRC reveals information that is not satisfactory. Failure to provide a CWRC within a reasonable period of time will result in the revocation of the conditional offer of employment or termination.

Declaration:

I, *(print name)* _____, have applied for a
Child Welfare Record Check at *(indicate site/location)* _____.

It is estimated that the CWRC will arrive in _____ weeks. To the best of my knowledge, the CWRC will indicate that I have not caused a child to need intervention. I understand that the Division may withdraw the offer, or terminate employment at any time, in the event that the individual's CWRC reveals information that is not satisfactory. I understand that failure to provide a CWRC within the time frame that I have indicated will result in the revocation of the conditional offer of employment or termination.

I understand and agree to the declaration as stated.

Signature: _____ Date: _____

Phone Number(s): _____

Address: _____

Please retain a copy of this form, and return the original to Human Resources.