

# **PRE-EMPLOYMENT REQUIRED DOCUMENTATION FOR**

## **NURSING POSITIONS**

- **PRE-EMPLOYMENT DOCUMENTATION MUST BE RECEIVED AND REVIEWED PRIOR TO YOUR START DATE.**
- **YOU MAY NOT REPORT TO THE NEW HIRE ORIENTATION UNTIL ALL OF THE FOLLOWING PAPERWORK IS RECEIVED AND REVIEWED BY HUMAN RESOURCES LOCATED AT 530 NORTH MAIN STREET, 4<sup>th</sup> FLOOR, PROVIDENCE, RI:**

### **BCI CHECK**

Please report to the Attorney General's office located at 150 South Main St. in Providence, RI and inform them that you will be working at an MHRH facility. They will issue you a letter stating that a background check has been done and provide the results. Please call ahead to verify the dates and times you can receive a BCI. Information of a disqualifying nature may result in The Providence Center rescinding your offer of employment. In addition, you must notify us of any future changes to your BCI status. Failure to notify us of any changes may result in termination of your employment.

### **DRIVER RECORD CHECK**

**THIS REPORT MAY TAKE 5–10 BUSINESS DAYS TO RECEIVE, SO PLEASE PLAN ACCORDINGLY.**

Please report to Operator Control, which is located at The John Pastore Complex, Harrington Hall-Lower Level, 30 Howard Avenue, Cranston, RI. Please note that there is a \$16.00 processing fee, for directions call 401-462-0800 or for information please call 401-721-2650. You may also attain your driving record check online at [www.ri.gov/dmv](http://www.ri.gov/dmv). Your driving record MUST reflect your last three (3) years of driving. If you have lived in another state within the past three years, you MUST obtain a driving record from that state also. You may also try to obtain a copy of your driving record from your insurance carrier. They sometimes will provide this information. Information of a disqualifying nature may result in The Providence Center rescinding your offer of employment. In addition, you must notify us of any future changes to your driving record status. Failure to notify us of any changes may result in termination of your employment.

### **AUTO INSURANCE**

Please provide a copy of your auto insurance policy. Also, if you are covered under someone else's policy, you MUST show proof that you are listed as a driver on the policy.

**Your policy must state the effective dates of coverage.**