

DIRECT SERVICE POSITION BACKGROUND CHECK VERIFICATION / STATUS REPORT

Applicant/Employee: You are being provided this form because you have applied for a position that requires a search of the Arizona Department of Child Safety's (DCS) Child Abuse and Neglect Records (CPS/CR) and a Level 1 Fingerprint Clearance Card issued by the Department of Public Safety (DPS). Both are required by Arizona state law. Your information, upon submission by your employer, will be searched through the DCS Central Registry for Employment, and the DCS and DPS Fingerprint Clearance Card databases.

All information on the form must be typed or printed. Any form missing information or containing information which is not legible will be returned to the requesting agency.

Employers: Return completed form via secured email to dcscentralregistry@azdcs.gov or fax to 602-265-3993 within five (5) business days of hire or separation. For license renewal, please submit one completed, signed form for each employee with your renewal packet. This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AGENCY: Christian Family Care Agency; REQUESTING AGENCY EMAIL ADDRESS: cdowd@cfcare.org

MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results): 2346 N. Central Avenue

APPLICANT/EMPLOYEE'S NAME (Last, First, M.I.), SOC. SEC. NO., DATE OF BIRTH (mm/dd/yy)

OTHER NAMES USED (Including nicknames and maiden names), FINGERPRINT CLEARANCE CARD OR APPLICATION NO.

APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)

Employment type: New Hire, Rehire, Volunteer, Separation, Renewal; POSITION: Intern; DATE EMPLOYED

DATE SEPARATED, REASON FOR SEPARATION (If applicable), ELIGIBLE FOR REHIRE: Yes/No

Solicitation No., Contract/Extension No., Tracking No.

EDUCATION, EXPERIENCE

Are you currently the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction? Yes/No

Have you ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (determined to have occurred) finding? Yes/No

If Yes: What was the allegation(s)? When was the investigation(s) conducted? Where was the investigation(s) conducted?

If you wish to provide additional information please use reverse side.

STATEMENT OF CERTIFICATION BY APPLICANT/EMPLOYEE

By signing this form, I allow the Department of Child Safety to report final findings of any DCS child abuse investigation and the status of my Level 1 Fingerprint Clearance Card to the agency listed above. I attest under penalty of perjury, that the information provided is true, correct, and complete to the best of my knowledge and belief. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE, DATE

FOR DCS USE ONLY

Table with 3 columns: DATE RECEIVED, CPS/CR Substantiated Reports, Fingerprint Clearance Card Status. Includes checkboxes for report status and fingerprint card status.

NAME/SIGNATURE OF PERSON COMPLETING SEARCH

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation.