ARIZONA DEPARTMENT OF CHILD SAFETY

DIRECT SERVICE CENTRAL REGISTRY CLEARANCE FORM

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 the completed form via secured email to dcscentralregistry@azdcs.gov within five (5) business days of hire and upon license renewal. This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AGEN	CY		AGENCY EMAIL	, ,	t to addit.	
D Department of Human Services / CBCU dhscfscbc@nd.gov				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	t, City, State, ZIP Code) (For return of results Bismarck ND 58505-0250	ılts)				
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 ADD	RESS (No., Street, Apt No., City, State, Zi	IP Code)				
□ New Hire □ Rehire □ Volunteer □ Renewal APPLICAN				EMPLOYEE EMAIL		
POSITION	_				DATE EMPLOYED	
Solicitation No. Contract/Extension No.				Tracki	ng No.	
EDUCATION		EXPE	ERIENCE			
Are you currently the sub	pject of an investigation of child	abuse or neglect	in Arizona, o	or another state or jurisc	diction? Yes No	
	subject of an investigation of chid to have occurred) finding?			, or another state or jur	isdiction that resulted in a	
If Yes: • What was the	ne allegation(s)?					
• When was t	he investigation(s) conducted?					
• Where was	the investigation(s) conducted?					
If you wish to provide ad	ditional information please use	reverse side.				
By signing this form, I a my Level 1 Fingerprint correct, and complete to	Clearance Card to the agency less the best of my knowledge armation on this form may result	Safety to report filisted above. I attand belief. I fur	nal findings est under pe ther understa	nalty of perjury, that tl	e investigation and the status of the information provided is true false information or intentional	
		FOR DCS US	E ONLY			
DATE RECEIVED	CPS/CR Substant	tiated Reports		Fingerprint Cl	learance Card Status	
	Date Checked		D	ate Checked		
	□ No □ Yes			Valid Level 1	Suspended Expired	
	☐ Disqualifying ☐ Non-D	Disqualifying		Denied Driv	ving Restricted	
	Report No.	Code		ard No.	Expiration	
NAME/SIGNATURE OF PERSOI	N 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. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-255-2801; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.