

## Child Abuse History Record Request for Child Care Personnel Employment

		only one appli	cant per re	elease		
	OMPLETED BY THE APPLICANT					
	pplicant a resident of the State			rs? LYES LNO		
Name:	(Please <b>Print</b> Clearly) Last	First		Middle		
	DOB:				n Maiden	
	lon-Florida Address:		oox.	_ 1 1101 1101110(0), 1110100111	, mardon.	
Previous I	Florida Address: (Inc	clude city, state, and	d Zip Code)			
			FL		Dates:	
Previous I	Florida Address:					
	Tionaa Adaress.		FI	<del>-</del>	Dates:	·
	Chapter 39, F.S., Child Care and Devi				Date	
	OMPLETED BY THE REQUESTING A	AGENCY				
Employ	yment Type:					
Grou	p Home/Residential Care 🔲 A	fter School/Enrichn	nent D	ay Care In-	Home Day Care	
Pre-k	Kindergarten/Headstart F	Religious Exempt	Other _			
Expecte	ed Postition/Role of Ap	plicant				
Facility/Ag	gency Name:					
Address:						
Addiess.	Mailing Address		City	State	Zip Code	
	ntative/Contact Name:					
Represen	Fax:		E	mail:		
Represent Phone: I understa		degree for any age	Ency to use or	release abuse, neglec	t or abandonment information to	)

Please return to DCF via email:

Attention: Child Welfare Record Request for Employment Email: <a href="mailto:hqw.cwr.employment.requests@myflfamilies.com">hqw.cwr.employment.requests@myflfamilies.com</a>