## ARIZONA DEPARTMENT OF CHILD SAFETY

## 1 RECT 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 <a href="mailto:descentralregistry@azdcs.gov">descentralregistry@azdcs.gov</a> 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.

	ESTING AGENCY EMAIL ADDRESS fscbc@nd.gov	
MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results) 600 E Blvd Ave, Dept 325 Bismarck ND 58505-0250		
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 CLEARAN	CE CARD <i>OR</i> APPLICATION NO.
APPLICANT/EMPLOYEE'S ADDRESS (No., Street, Apt No., City, State, ZIP Code)	I	
New Hire ☐ Rehire ☐ Volunteer ☐ Renewal APPL	LICANT/EMPLOYEE EMAIL	
POSITION		DATE EMPLOYED
Solicitation No Contract/Extension No Tracking No		ig No
EDUCATION	ENCE	
Are you currently the subject of an investigation of child abuse or neglect in	Arizona, or another state or jurisdi	iction?  Yes  No
Have you ever been the subject of an investigation of child abuse or neglect substantiated (determined to have occurred) finding?    Yes    No	in Arizona, or another state or juris	sdiction that resulted in a
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 fina my Level 1 Fingerprint Clearance Card to the agency listed above. I attest correct, and complete to the best of my knowledge and belief. I furthe misrepresentation of information on this form may result in disciplinary activations.  APPLICANT/EMPLOYEE'S SIGNATURE	t under penalty of perjury, that the er understand the provision of fa	e information provided is true,
FOR DCS USE	ONLY	
Date Checked  No Yes  Disqualifying Non-Disqualifying	Date Checked  Valid Level 1 S  Denied Driv	uspended Expired ing Restricted
Report No. Code  NAME/SIGNATURE OF PERSON COMPLETING SEARCH	Card No.	Expiration

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.