## 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 <a href="DESCANRegistryChecks@azdcs.gov">DESCANRegistryChecks@azdcs.gov</a> within five (5) business days of hire This form must be retained as confidential in the employee's file, and it is subject to audit.

NAME OF REQUESTING AG	ENCY	REQUESTING AGENCY EMAIL ADDRESS		
Knowledge Services AZVRS@knowledgeservice		vices.com		
	reet, City, State, ZIP Code) (For return of results)			
9800 Crosspoint Bouldevard, Indianapolis, IN, 46256  APPLICANT/EMPLOYEE'S NAME (Last. First, M.I.)			SOC. SEC. NO.	DATE OF BIRTH (mm/dd/yy)
AFFLIGANI/ENIFLOTEE STNAME (Last, Filst, M.I.)			300. SEC. NO.	DATE OF BIRTH (IIIIII/dd/yy)
OTHER NAMES USED (Including nicknames and maiden names)			FINGERPRINT CLEARANCE CARD <i>OR</i> APPLICATION NO.	
APPLICANT/EMPLOYEE'S A	DDRESS (No., Street, Apt No., City, State, ZIP Co.	de)		
☐ New Hire ☐ Re	chire Volunteer Renewal	APPLICANT/	EMPLOYEE EMAIL	
POSITION		<u> </u>		DATE EMPLOYED
Solicitation No.	Contract/E	xtension No. ADES18	3-211306 Track	ing No.
EDUCATION		EXPERIENCE		
Are you currently the	subject of an investigation of child abu	se or neglect in Arize	ona, or another state or jurise	diction? Yes No
	e subject of an investigation of child a		izona, or another state or jur	isdiction that resulted in a
	, <u> </u>	Yes No		
If Yes: • What was	s the allegation(s)?			
• When wa	s the investigation(s) conducted?			
• Where w	as the investigation(s) conducted?			
If you wish to provide	additional information please use reve	erse side.		
STATEMENT OF C	ERTIFICATION BY APPLICANT/	EMPLOYEE		
	allow the Department of Child Safety			
	earance Card to the agency listed above			
	est of my knowledge and belief. I furth		ovision of false information	or intentional misrepresentation
APPLICANT/EMPLOYEE'S S	form may result in disciplinary action.		DATE	
ALL EIGANT/EINI LOTEL 3 3	MONATURE		DATE	
	17	OD DOC LICE ONL	<b>T</b> 7	
DATE RECEIVED	FOR DCS USE ONLY  CPS/CR Substantiated Reports Fingerprint Clearance Card Status			
		-		learance Card Status
	Date Checked		Date Checked	
	□ No □ Yes		☐ Valid Level 1	spended Expired
	☐ Disqualifying ☐ Non-Disqu	ıalifying	☐ Denied ☐ / ri	v g Restricted
	Report No.	Code	Card No.	Expiration
NAME/SIGNATURE OF PERS	SON 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 an 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.