

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).

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 AGENCY: Kansas Department of Health and Environment, Child Care Licensing
REQUESTING AGENCY EMAIL ADDRESS: KDHE.BGCheck@ks.gov

MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results): 1000 SW Jackson, Ste. 200, Topeka, Kansas 66612

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.: N/A

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

APPLICANT/EMPLOYEE: [] New Hire [] Rehire [] Volunteer [] Renewal
APPLICANT/EMPLOYEE EMAIL:

POSITION:
DATE EMPLOYED:

[] 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.

APPLICANT/EMPLOYEE'S SIGNATURE:
DATE:

FOR DCS USE ONLY

DATE RECEIVED:
CPS/CR Substantiated Reports: Date Checked, [] No [] Yes, [] Disqualifying [] Non-Disqualifying, Report No., Code
Fingerprint Clearance Card Status: Date Checked, [] Valid Level 1 [] Suspended [] Expired, [] Denied [] Driving Restricted, Card No., Expiration

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.