DCS-1083A (8-17)

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 AGENCY	REQUESTING AGENCY EMAIL ADDRESS

MAILING ADDRESS *(No., Street, City, State, ZIP Code) (For return of results)*

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 ADDRESS *(No., Street, Apt No., City, State, ZIP Code)*

☐ 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. I further understand the provision of false information or intentional misrepresentation of information on this form may result in disciplinary action.

APPLICANT/EMPLOYEE'S SIGNATURE	DATE

FOR DCS USE ONLY

DATE RECEIVED	CPS/CR Substantiated Reports	Fingerprint Clearance Card Status
	Date Checked _____	Date Checked _____
	☐ No ☐ Yes	☐ Valid Level 1 ☐ Suspended ☐ Expired
	☐ Disqualifying ☐ Non-Disqualifying	☐ Denied ☐ Driving Restricted
	Report No. _____ *Code* _____	*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. 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.