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 descentral registry@azdes.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			
Interlochen Center for the Arts - Human Resources	dhhs@interlochen.org			
MAILING ADDRESS (No., Street, City, State, ZIP Code) (For return of results)				
PO BOX 199. Interlochen, MI 49643				
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 Co	de)			
New Hire Rehire Volunteer Renewal	Rehire Volunteer Renewal APPLICANT/EMPLO			
POSITION			DATE EMPLOYED	
Solicitation No. Contract/E	xtension No.	Tracki	ng No	
EDUCATION	EXPERIENCE			
Are you currently the subject of an investigation of child abu	ise or neglect in Arizona, or	r another state or juriso	liction? 🗌 Yes 📋 No	
Have you ever been the subject of an investigation of child a		or another state or jur	isdiction 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 reve				
STATEMENT OF CERTIFICATION BY APPLICANT/				
By signing this form, I allow the Department of Child Safet				
my Level 1 Fingerprint Clearance Card to the agency listed				

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. APPI ICANT/EMPI OYEE'S SIGNATURE

DATE

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	FC	OR DCS USE C	NLY		
DATE RECEIVED	CPS/CR Substantiated	CPS/CR Substantiated Reports		Fingerprint Clearance Card Status	
	Date Checked		Date Checked		
	🗌 No 🔲 Yes		Uvalid Level 1	Suspended Expired	
	Disqualifying Non-Disqualifying		Denied	Driving Restricted	
	Report No.	Code	Card No.	Expiration	
NAME/SIGNATURE OF P	ERSON COMPLETING SEARCH				

ATURE 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.