



5 Vi gY<]ghcfmRequest for Employment

TO BE COMPLETED BY THE APPLICANT

I, _____
Please Print Clearly: Last, First Middle

as an applicant for employment in a Group Home or DCF Hospital authorize a search for reports of abuse, neglect or abandonment investigated in which my name appears and there were "verified findings" of maltreatment of a child(ren) and I am listed as the "Caregiver Responsible". I understand I will be given the opportunity to discuss the findings of the report(s). This consent is valid solely for the requesting employer/agency/facility listed below on this form. (Chapter 39, F.S., Child Care and Development Block Grant Reauthorization, P.L. 113-186.

DO NOT SUBMIT an abuse history request BEFORE you receive the LEVEL 2 CRIMINAL HISTORY results from FDLE

Applicant Signature: _____ Date: _____ Phone: _____

NOTE: This form **MUST** be submitted by the agency identified at the bottom of this page. The **APPLICANT MAY NOT SUBMIT THIS FORM DIRECTLY** to the Department of Children & Families. **Only one applicant per release.**

Applicant: Full SSN: _____ DOB: _____ Race: ____ Sex: ____ Prior Name(s), including Maiden: _____

Is the applicant seeking employment at a facility within the state of Florida? YES NO

Current Florida Address: _____

Previous Address: _____
(Include city, state, and Zip Code)

_____ Dates: _____
(Include city, state, and Zip Code)

For ClearingHouse Employment Screenings only:

DO NOT SUBMIT an abuse history request BEFORE you receive an ELIGIBILITY DETERMINATION from the ClearingHouse

ClearingHouse Screening ID: _____ ClearingHouse Person ID: _____

Date of Last Screening: _____ OCA Number: _____

Employment Type:

- Group Home Day Care After School/Enrichment In-Home Day Care Religious Exempt
- Other _____ **Expected Position/Role of Applicant** _____

TO BE COMPLETED BY REQUESTING AGENCY

Residential Group Home Child-Caring Agency Day Care School In-Home Day Care DCF Representative

Religious Facility Law Enforcement Office Other _____

Facility/Agency Name: _____

Address: _____
Mailing Address City State Zip Code

Representative/Contact Name: _____

License#: _____ Ú@}^: _____ Email: _____

I understand it is a misdemeanor of the first degree for any agency to use or release abuse, neglect or abandonment information to [c@!•É

The information is **CONFIDENTIAL** and may be used only for the purpose for which it was obtained.

Signature of Requesting Facility/Agency Representative

Date

Please return to DCF via Fax or email:

Attention: Group Home/DCF FY[i `UNYX`Employment Requests

Fax. 850-487-60\$-

email: \ ek 'bgs.abuse.history@myflfamilies.com