

**Care Provider Background Screening Application**

CDS Family& Behavioral Health Services, Inc.

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| **The Background Screening Unit processes screening results for health care providers in Florida currently licensed by the Agency for Health Care Administration. Processing includes making a determination of eligibility and evaluating applications for exemption. The Unit is also responsible for the maintenance and administration of the Care Provider Background Screening Clearinghouse.** |
| The information you provide will be used solely for the purpose of determining employment eligibility. In accordance with section 435.11(1)(b), it is a misdemeanor of the first degree to use records information for purposes other than screening for employment or release records information to other persons for purposes other than screening for employment. |
| Name: Last, First Middle |  |
| Mailing Address |  |
| City ST ZIP Code County |  |
| Date of Birth |  |
| Social Security No. |  |
| Sex |  |
| Race |  |
| Height |  |
| Weight |  |
| Eye Color |  |
| Hair Color |  |
| Place of Birth: City ST |  |
| E-Mail |  |
| Appointment Date/Time Preference:M-F 9:30 a.m. – 5:00 p.m. | 1.
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I hereby authorize the Department of Juvenile Justice to check any records pertaining to my criminal history, driver’s license history, and juvenile criminal history pursuant to Sections 39.001 and Chapters 435, 984, and 985, Florida Statutes. I further authorize any law enforcement agency to release to the Department of Juvenile Justice information regarding convictions/dispositions under Florida Statutes or statutes of other jurisdictions. I understand that as a criminal justice agency, the Department of Juvenile Justice (DJJ) has access to all criminal records, even those that have been sealed or expunged. This consent applies to any and all future screenings and/or re-screenings conducted by the Department of Juvenile Justice. I understand that my fingerprints will be submitted for a criminal records check to the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigations (FBI) and that once submitted, my fingerprints will be retained by FDLE while I am employed at DJJ and if arrested, the arrest will be reported directly to DJJ by FDLE.

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 Applicant’s Signature                                                                                                Date