DEPARTMENT OF JUVENILE JUSTICE

OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT
REQUEST FOR RE-SCREENING (FIVE-YEAR) CHECK
FOR CONTRACT PROVIDERS ONLY

☐ Detention ☐ Residential ☐ Probation ☐ Prevention Contract/Grant ☐ Administration
☐ Other _____

A. TO BE COMPLETED BY EMPLOYEE/VOLUNTEER/INTERN

Last Name | First Name | Full Middle Name | Maiden/Alias

Race/Sex | DOB | Current Job Title

Facility/Office | City

Social Security # | Driver's License # and State | Agency Hire Date (*Must be provided to calculate the next 5 year Rescreening date).*

B. TO BE COMPLETED BY REQUESTOR (In its Entirety)

Requestor's Name (Contact Person)	Telephone Number & Ext #	Fax Telephone Number
Office/Facility/Program Name and Mailing Address		
E-Mail Address	Date of Last 5-Year Rescreen	

C. RATING SECTION – TO BE COMPLETED BY THE BACKGROUND SCREENING UNIT

Note: *Ratings are based on criminal history information received when the applicant's fingerprints are submitted to the Florida and National Crime Information Centers (FCIC/NCIC). All screenings are processed through the Florida Department of Law Enforcement and Federal Bureau of Investigations.*

RATING: ☐ **ELIGIBLE** ☐ **INELIGIBLE**

TCN: _____

Florida Criminal Record Attached*: ☐ Yes (Attached) ☐ No

*Criminal history information provided is exempt from chapter 119 and should not be disseminated further.

This Applicant CAN ☐ CANNOT ☐ apply for an Exemption Hearing.

The next 5-Year Rescreening must be completed by: _____

Comments: _____

Signature of Screener | Date

Signature of Reviewer | Date

For BSU Personnel Use Only

Check/M. O. #_____ Date Submitted_____

Credit Card Confirmation#_____ Amount Rendered _____

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Reset/Clear Form

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