



ARIZONA DEPARTMENT OF CHILD SAFETY
**CONSENT TO RELEASE INFORMATION
FOR EMPLOYMENT PURPOSES**

Are you or 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 (found to be true) finding?..... Yes No

If yes, what was the allegation, when was the investigation(s) conducted and where was the investigation(s) conducted?

I, _____, authorize the Arizona Department of Child Safety

to obtain DCS information directly related to a substantiated or pending report of abuse or neglect against me as found on the Central Registry, or on similar registries in other states.

I understand this information is to be used solely for employment purposes and shall be maintained in a confidential manner. This information will not be disclosed to unauthorized persons.

I authorize the use of my Social Security Number, date of birth and aliases for this purpose.

Applicant/Employee's Name

Social Security Number

Aliases (other names used, maiden, nicknames, etc.)

Date of Birth

Applicant/Employee's Signature

Date

For HR use only

Report Found? Yes No | If yes, please attach a copy of Child Safety Report.

Date of Search

If applicable, describe how the Central Registry information was considered as one factor in determining the applicant's qualifications for the direct service position

Central Registry Search Conducted By

Date



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 your local office; TTY/ TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.