

**DIRECT SERVICE POSITION
(Certification Form)
Provider Contracts Unit**

EMPLOYERS: PLEASE RETAIN THIS FORM IN YOUR CONFIDENTIAL FILES.

You are being provided this form because you have applied for a position that provides direct services to children of the Arizona Department of Economic Security (ADES). Arizona state law requires that all individuals who provide direct services to children certify whether an allegation of abuse or neglect was made against them and was substantiated. Your information, upon submission by your employer, will be searched through the Arizona Department of Child Safety Central Registry as well as the following local and national registries of any state in which you have resided in the previous five (5) years: Criminal and Sex Offender, Child Abuse and Neglect, FBI Fingerprint Check using Next Generation Identification, and National Sex Offender. All information contained on this form is confidential and will be retained as such by your employer.

Last Name: _____ First Name: _____

Full Middle Name (No initials unless name is initial only): _____

All Previous Names (such as maiden, prior marriages, nick names): _____

Sex: Male Female Date of Birth: _____ Social Security Number: _____

Current Address (No., Street, City, State, ZIP Code): _____

- Have you lived in another state(s) in the past five (5) years? Yes No
If Yes, list State and last Month/Year resided there: State _____ Month/Year _____
State _____ Month/Year _____
State _____ Month/Year _____

- Are you currently the subject of an investigation of child abuse or neglect in Arizona or another state or jurisdiction? Yes No
- Have you ever been the subject of an investigation of child abuse or neglect in Arizona? Yes No
- Have you ever been the subject of an investigation of child abuse or neglect in another state or jurisdiction that resulted in a substantiated finding? Yes No

When was/were the investigation(s) conducted?

Where was/were the investigation(s) conducted?

What was/were the allegations? Do not include the name of any child or person involved in the investigation.

STATEMENT OF CERTIFICATION

By signing this form and any supplement(s), if applicable, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date: _____