

Adult Protective Services Registry Certification for Positions Providing Direct Services to Children and Vulnerable Adults

You have applied for a position that provides direct services to children or vulnerable adults. Arizona Revised Statutes (A.R.S. § 46-459) require you to certify, under penalty of perjury, whether an allegation of vulnerable adult abuse, neglect, or exploitation was made against you and was substantiated.

Full Name:

Last: _____ First: _____ Middle Initial: _____

Address:

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____

Aliases (*maiden, nick names, etc.*): _____

Are you currently the subject of an investigation of abuse, neglect, or exploitation of a child or vulnerable adult in Arizona, or another state or jurisdiction? Yes No

Have you ever been the subject of an investigation of abuse, neglect, or exploitation of a child or vulnerable adult in Arizona, or another state or jurisdiction, that resulted in a substantiated (found to be true) finding?
Yes No

If you answered yes to either of the above questions:

What was the allegation?

When was the investigation conducted?

In what state or jurisdiction was the investigation conducted?

Statement of Certification and Signature

By signing this form, I certify that the information provided is true, correct, and complete to the best of my knowledge and belief.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

Attention Hiring Supervisor – This section must be completed prior to the job offer.

Full Name:

Last: _____ First: _____ Middle Initial: _____

Date of Birth: _____

Aliases (maiden, nick names, etc.): _____

Date of Search: _____

Report found: Yes No

If No, attach a copy of the APS Registry page where the name would be listed alphabetically.

If Yes, attach a copy of the APS Registry page with the name, date of birth, and finding.

If applicable, describe how the APS Registry information was considered as a factor in determining the applicant's qualifications for the position serving children or vulnerable adults.

Hiring Authority Signature: _____ Date: _____