ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Aging and Adult Services

DIRECT SERVICE POSITION

You have applied for a position that provides direct services to children or vulnerable adults. Arizona Revised Statutes (ARS § 8-804.1) require you to certify, under penalty of perjury, whether an allegation of abuse or neglect was made against you and was substantiated. If your certification does not indicate a current investigation or a substantiated report of abuse or neglect, your employer may permit you to provide direct services pending the findings of a Central Registry Background Check by the Division of Aging and Adult Services. Your employer is required to keep this form and all information provided on it as confidential.

Name (Last, First, M.I.)		SOC.SEC.NO		
Date of Birth	Aliases (e.g., maiden, nicknames)			
Address (No., Street)				
City	State		ZIP Code	
Are you currently the subject	ct of an investigation of child abuse or neg	glect in Ar	rizona, another state or jurisdiction that	
resulted in a substantiated (determined to have occured) finding?		Yes	No	
Have you ever been the sul	oject of an investigation of child abuse or	neglect in	n Arizona, another state or jurisdiction that	
resulted in a substantiated (determined to have occurred) finding?		Yes	No	
If Yes, to the question imme	ediately above:			
What was the allegation(s)?	•			
When was the investigation	(s) conducted?			
Where was the investigation	n(s) conducted?			
If you wish to provide additi	onal information see Direct Service Positi	on Supple	ement.	
	STATEMENT OF CERT	IFICAT	TION	
By signing this form, I certify belief.	y that the information provided is true, cor	rect, and	complete to the best of my knowledge and	b
Signature			Date	
Employers: Maintain this	form as confidential.			

EXPLANATION

If you have ever been the subject of an investigation of child abuse or neglect in Arizona, another state or jurisdiction that resulted in a substantiated (*determined to have occurred*) finding, you may provide an explanation of the incident of child abuse or neglect. Do not include the name of any child or any person involved in the investigation. If more space is needed, attach additional sheets.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local.