



Care Provider Background Screening Clearinghouse Request Form

You have applied for a position with a service provider regulated by Florida's Department of Children and Families in the Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a service provider regulated by a specified agency in the Clearinghouse, we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request, the following information must be collected. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information: *(all information provided is considered confidential and used only for background screening purposes)*

Applicant Information

*First Name: _____
Middle Name: _____
*Last Name: _____
Aliases: _____
*SSN: _____
*Date of Birth: _____
*Place of Birth: _____

Demographics

*Sex: _____
*Race: _____
*Hair Color: _____
*Eye Color: _____
*Height: _____
*Weight: _____

Contact Information

*Address Line 1: _____
Address Line 2: _____
*City: _____
*State: _____
*Zip: _____
*County (e.g., Leon): _____
*Prior States: _____
*Email: _____
Phone: _____

Required by HR

*Position:
Administrator
Director
Employee/staff
Person Volunteer

*Anticipated Dates
of Employment
(MM/DD/YYYY)

_____ to

*Denotes Required Fields