



Post Office Box 66  
Mt. Meigs, Alabama 36057

## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Alabama Department of Youth Services** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment, promotion and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is no limited to the following areas: employment history, education background, reference checks; drug testing, civil and criminal history information, professional licensure verification from any criminal justice agency in any or all federal, state, county jurisdictions; motor vehicle records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Alabama Department of Youth Services** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Alabama Department of Youth Services**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALABAMA DEPARTMENT OF HUMAN RESOURCES  
CHILD ABUSE / NEGLECT (CA/N) CENTRAL REGISTRY CLEARANCE**

**PRINT OR TYPE** in black or blue ink. Additional information regarding the CA/N Central Registry is on the back of this form.  
**\*\* See instructions for the address to use when submitting this form. \*\***

Requesting Person or Agency/Organization	Alabama Department of Youth Services	<b>Check All That Apply</b>
Mailing Address	Department of Youth Services	<input type="checkbox"/> Child Placing Agency
PO Box 66		<input type="checkbox"/> Residential Child Care Facility
Mt. Meigs, AL 36057		<input type="checkbox"/> Child Day / Night Care Center
Telephone Number ( 334 ) 215-3800	Email: Janetha.Isaac@dys.alabama.gov	<input type="checkbox"/> Family Day / Night Care Home
<b>PRINT</b> Requestor's Name	Janetha Isaac	<input type="checkbox"/> Exempt Child Day Care Center
Requestor Signature	Date	<input type="checkbox"/> Medicaid Rehab. Provider DHR Vendor
Witness Signature	Date	<input checked="" type="checkbox"/> Other (Please Specify)

The person whose name and identifying information, printed or typed below, will provide **unsupervised care and supervision of children** as an  employee  volunteer  other. This person's specific job/role is or will be:

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Sex  Male  Female Race \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Last First Middle

Current Mailing Address \_\_\_\_\_

Alias, Maiden & Prior Married Name(s) \_\_\_\_\_

Name & DOB of Spouse & Former Spouse(s) \_\_\_\_\_

Name & DOB of Children / Stepchildren \_\_\_\_\_

Alabama counties where person has lived and/or worked \_\_\_\_\_

**Attach additional pages as needed to provide all information requested above.**

**To be completed by person being cleared**

I authorize the Alabama Department of Human Resources to release information contained in the Child Abuse / Neglect Central Registry about me to the above named person/agency/organization. I hereby waive any right to any review or hearing to which I may otherwise be entitled. I further release the Department of Human Resources, its officers, and employees from any and all claims arising out of or in any way connected to the release or dissemination of any information concerning me.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by DHR**

A search of the Alabama Child Abuse / Neglect Central Registry has been completed with the information provided to determine if the person identified above has been named as being responsible for child abuse or neglect in Alabama. DHR releases only that information which is necessary to discover or prevent child abuse / neglect.

Substantiated report (i.e., indicated) located. See attached information.

Type Report:  Physical Abuse  Neglect  Sexual Abuse  Mental Abuse / Neglect

No report located.

Request Denied \_\_\_\_\_

Other \_\_\_\_\_

Office of Child Protective Services

Date Completed

## Alabama Department of Youth Services

Prison Rape Elimination Act (PREA) Employment/Appraisal Questionnaire		
Name		
Social Security Number		
Driver's License Information	Driver's License Number:	Driver's License Expiration Date:
Date of Interview		
Facility		
Job Classification		
Have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	<input type="radio"/> Yes If yes, please explain:	<input type="radio"/> No
Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	<input type="radio"/> Yes If yes, please explain:	<input type="radio"/> No
Have you been civilly or administratively adjudicated to have engaged in the activity described in paragraph above?	<input type="radio"/> Yes If yes, please explain:	<input type="radio"/> No
Signature of Interviewer/ Rating Supervisor	Date	
Signature of Applicant/ Employee	Date	

This questionnaire is required for employment consideration and promotions. This form will be maintained in a confidential, personnel file.