CHILD WELFARE EDUCATION PROJECT
STIPEND APPLICATION

The Child Welfare Education Project (CWEP) is a collaborative partnership between the Arizona Department of Child Safety (DCS) and the Arizona State University’s School of Social Work. The project is funded through a grant from the Title IV-E Child Welfare Training Program of the Social Security Act. The goal of the project is to recruit and prepare students in the Master’s of Social Work program for professional child welfare practice.

How did you hear about our project?: ______ ASU website ______ MSW info session ______ Professor/instructor ______ Current/former student ______ Email/Letter ______ Other ______

Child Welfare Stipend Application Process
To apply for one of the Child Welfare Stipend Packages, please complete the forms on pages 2 – 22. Please also submit a 2 – 3 page essay that is typed and double-spaced, the essay should include your name on each page. This essay must accompany your application and must address the following issues:

1. What led you to apply for this stipend
2. What strengths I bring to the field of child welfare generally and DCS specifically
3. What challenges I would face working in child welfare generally and DCS specifically
4. How will working at the Department of Child Safety fit into my career goals
5. What is my understanding of the work commitment I would have if I am selected
6. My financial need

Deadlines
See the web page for an updated deadline.

Stipend Eligibility
To be eligible for consideration for any of the stipend packages students must be admitted as a full-time MSW student at ASU and be able to work at DCS in AZ for the time required following graduation. Additionally, students must be able to meet the DCS job requirements, including*:

- being a U.S. citizen or having a work visa that would allow the applicant to meet the work commitment
- having a valid Arizona driver’s license, insurance, and a vehicle capable of safely transporting at least 2 or more people in addition to yourself
- the ability to visually assess the condition of the child and his/her home environment for signs of abuse or neglect
- compliance with the DCS driving policy
- the ability to conduct home visits (including those homes that are not wheelchair accessible);
- the ability to use a computer and learn computer programs
- the ability to interview children and adults proficiently in English
- passing a CPS registry check (individuals who have had a substantiated report of child abuse or neglect against them will generally NOT pass this check), fingerprint background check (individuals who have been convicted of a crime against a child, a felony, or of a DUI in the last 5 years will generally NOT pass this check), and an employment/reference check.

*While not being able to fulfill all of these essential functions does not automatically rule out any applicant, it is important for the stipend selection committee to know whether or not reasonable accommodations can be made. Please identify any accommodations on the application form.
CHILD WELFARE STIPEND APPLICATION

Full Legal Name: ___________________________ Preferred Name ___________________

E-Mail: (ASU) ___________________________ (Alternate) ___________________________

ASU ID # (if known): ______________________ ASUrite ID: ___________________________

Phone Numbers: (home) ______________________ (Cell): _____________________________

Street Address: ________________________________________________________________

City: ___________________________ State: __________________ Zip: ________

For the following questions, please check the appropriate response.

I am applying for the Child Welfare Stipend Program and will be attending the:

☐ Phoenix Downtown Campus  ☐ Tucson Campus

I am applying for admission into the:

☐ Advanced Standing MSW Program beginning in Summer _______ (year)

☐ Standard MSW Program beginning in Fall ________ (year)

My MSW application is (please check one): in order to receive "first round" consideration applicants need to apply to the Child Welfare Stipend Project by the stated deadline and need to be accepted to the MSW program at ASU by that deadline. Other applicants may be considered in a "second round" on a space available basis.

☐ Complete: All of my required materials and fees for the MSW application have been submitted to the School of Social Work and the Graduate College.

☐ Incomplete: I have not yet submitted all of the required materials and fees for MSW admission.

In my child welfare application, I have included the following:

☐ Completed Stipend Application Forms (pp. 2 – 5)

☐ Release of Information Forms (pp. 6 – 7) Original signatures required

☐ Two to three page essay (answering the 4 issues from page 1)

☐ Certification of Criminal Offense (Adobe Acrobat form, signature must be witnessed by a notary public) Original document must be returned with this application

☐ Direct Service Job Supplement Part I (check "All Child Protective Services Classifications" under DCYF on page 2)

☐ Direct Service Position Job Supplement Part II

☐ A copy of your driving record for the past 3 years issued by the Motor Vehicle Dept.
Stipend Packages
Please rank-order your preferences of the stipend packages by placing a 1 next to your first choice and a 2 next to your second choice. Advanced standing students may only receive package C. Your preferences will be used as a guide in the selection process, however, there is no guarantee you will receive your preferred package. Please see the website for more information about the Stipend Packages.

_____ Package A (Academic Year Stipend) - I understand I will be required to work full-time for AZ DCS for a minimum of 24 months upon graduation.

_____ Package B1 (First Year Summer Block Stipend) - I understand I will be required to work full-time for AZ DCS for a minimum of 24 months upon graduation.

_____ Package B2 (Second Year Summer Block Stipend) - I understand I will be required to work full-time for AZ DCS for a minimum of 24 months upon graduation.

_____ Package C (Advanced Standing Stipend) - I understand I will be required to work full-time for AZ DCS for a minimum of 18 months upon graduation.

Child Welfare Curriculum
Students who receive a Stipend Package must follow the Public Child Welfare Specialization Curriculum. Please see the information about the Child Welfare Curriculum for more details.

Note: All stipend students are required to complete one of their field practicums in one of our Child Welfare Education Units (CWEU). These units focus on Direct Practice skills. They are not considered PAC placements and are not appropriate for PAC students as their second year field placements. Advanced Standing Stipend students, therefore, may not be in the PAC concentration unless they were in a CWEU as their BSW field placement or they have prior AZ Child Protective Services Case Management experience.

Please indicate below which concentration/specialization you will be pursuing by checking the appropriate response.

Advanced Standing Program:

_____ I will be in the Direct Practice Concentration.

_____ I would like to pursue the PAC Concentration. I completed my BSW field placement in one of the Child Welfare Education Units or I have recent AZ DCS case management experience.

Standard Program:

_____ I will be in the Direct Practice Concentration and understand that I will not be permitted to change to the PAC concentration if I did not complete my first year field placement in one of the Child Welfare Education Units.

_____ I am considering the PAC Concentration and understand that although I will be in the PAC concentration, I will be required to take Advanced Direct Practice courses as my PAC electives. I also understand that I will complete my first year field placement in one of the Child Welfare Education Units.
Background Check

The successful applicant must be capable of securing an official Arizona Department of Public Safety (ADPS) Level 1 fingerprint clearance card without restrictions. Also the successful applicant must pass the DCS child abuse registry check. If you have had a DUI in the past 5 years, have ever been convicted of a crime against a child, or been convicted of a felony, you may not be eligible for this stipend. If you have had a substantiated allegation of child abuse/neglect against you, you may not pass the DCS registry background check. If you sign the contract and receive tuition assistance and/or stipend money but are subsequently unable to pass the background checks, you will be required to pay back the amount of assistance received. Please check your response below.

______ I do not yet have an ADPS Level 1 fingerprint card.*
______ I have attached a copy my Arizona Level One fingerprint card.**

* If you do not yet have a current level 1 fingerprint card issued by ADPS you must apply for one. We will give you instructions on how to apply once you have accepted a contract.

** If you have a current level 1 fingerprint card issued by ADPS please make a copy of the front and back of your card. Make sure the copy is legible and include this paper in your application materials. Once our office receives your application your information will be kept in a locked drawer 822B until it is forwarded to DCS. Our office will not retain a copy of your social security card so this portion will be cut out and destroyed after it has been forwarded onto DCS.

DCS Fit

The purpose of the Title IV-E Scholars Program is to recruit and educate skilled and competent social workers who desire to pursue a career in child welfare. The work of public child welfare is both rewarding and challenging. We encourage all potential students to gain as much insight as they can about the work of DCS and their personal fit to that work in order to: 1) meet the purpose the stipend program, that of providing DCS with competent workers who are prepared to provide services to highly vulnerable children and families; and 2) ensure that you understand your contractual obligations in the case that you sign a contract with DCS. Please indicate which of the following resources you have reviewed in your exploration of the field of child welfare and your fit in a DCS position.

______ the Child Welfare website including the FAQs and Myths of CPS Work
______ the AZ DCS Realistic Job Preview at: https://www.azdes.gov/dcyf/cmdps/cps/job.asp
______ the DCS website
______ the DCS Fit Checklist

Had a face to face meeting with ____________________________ who is an employee of the ASU Child Welfare Education Project. We met on ____________ (date).
Visited a Child Welfare Education Project Unit:  
Phoenix ____  Tempe ____  Tucson ____
_____ other efforts to determine fit with DCS (please explain)


DCS Work Requirements
For each of the following questions, please check your response.

Are you currently a United States citizen or do you have a work visa that will allow you to fulfill the 2-year work commitment after you graduate?

_____ Yes

_____ No (specify status below)

   Status: ____________________________

Can you perform the essential functions of the DCS position (listed on page 1) with no special accommodations?

_____ Yes

_____ No (please answer next question)

Please list any reasonable accommodations you would need to be able to perform the essential functions of the DCS position (you may use additional paper to explain).


Return all application materials to the Child Welfare Education Project.

Mail to: Child Welfare Education Project
          School of Social Work
          Arizona State University
          Mail Code: 3920
          411 N. Central, Ste. #800
          Phoenix, AZ 85004-0689

Deliver to: Room 822B
          University Center (411 N. Central,
          Phoenix)

We will no longer be accepting faxed or e-mailed applications.
Consent for Full Access to Education Records
Office of the Registrar
Arizona State University

Student Name (print)

ASU ID Number

Individual or Agency to Whom Access to Records May be Provided:
Note: The individual or agency authorized for access to records must provide appropriate identification at the time of access.

DCS – Department of Child Safety
Name(s)
1789 W. Jefferson Phoenix, AZ. 85204
Address
Collaborative Partner with the ASU School of Social Work; Child Welfare Education Project.
Relationship

By presenting a signed and dated copy of this consent to the Child Welfare Education Project, I consent to the release by ASU of my educational records to the individual(s) or agency named above. I further authorize that ASU may discuss the information contained in my records with the authorized recipient(s). This consent applies to education records that may otherwise be protected under the federal Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as the FERPA or the Buckley Amendment, a synopsis of which is available through the Registrar’s Office. This consent does not authorize the recipient to make decisions or process transactions on my behalf. This authorization will remain in effect until I rescind it in writing.

Student Signature

Questions about this policy and procedure may be directed to Records Information at (480) 965-3124.
Consent for Release of Personal Information
Arizona State University

Applicant Name (print) ________________________________

Date: ________________________________

Individual or Agency to Whom Access to Records May be Provided:

Note: The individual or agency authorized for access to records must provide appropriate identification at the time of access.

DCS – Department of Child Safety
Name(s) ________________________________

1789 W. Jefferson Phoenix, AZ. 85204

Address

Collaborative Partner with the ASU School of Social Work; Child Welfare Education Project.
Relationship ________________________________

By presenting a signed and dated copy of this consent to the Child Welfare Education Project, I consent to the release by ASU of any and all records pertaining to my application to the ASU School of Social Work Master’s in Social Work (MSW) degree program (“application records”) to the individual(s) or agency named above. I further authorize that ASU may discuss the information contained in my application records with the authorized recipient(s). This consent applies to any underlying education records that are part of my application records that may otherwise be protected under the federal Family Educational; Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as the FERPA or the Buckley Amendment, a synopsis of which is available through the Registrar’s Office. This consent does not authorize the recipient to make decisions or process transactions on my behalf. This authorization will remain in effect until I rescind it in writing.

Applicant Signature ________________________________
ARIZONA DEPARTMENT OF ECONOMIC SECURITY
CERTIFICATION OF CRIMINAL OFFENSE

The Arizona Department of Economic Security is committed to maintaining the highest levels of work ethic, integrity and professionalism. Every applicant for, volunteer assigned to, and employee in a position subject to the provisions of the Arizona Clearance Card program, (DES 1-01-17) shall complete the Certification of Criminal Offenses form.

APPLICANT/EMPLOYEE’S NAME (Last, First, M.I.)  
EMPLOYEE’S EIN (Employee I.D. No.)  
DATE OF BIRTH  
EMPLOYEE’S SITE CODE  
(If available)  (If available)

NON-APEALABLE OFFENSES

Are you AWAITING TRIAL on or have you ever been CONVICTED of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction (answer “YES” or “NO” to each listed offense). A person who is subject to registration as a sex offender in this state or any other jurisdiction or who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a Level 1 fingerprint clearance card. Adjudications by a juvenile court need not be identified. Expunged convictions from any court other than juvenile court must be identified.

YES   NO
1.  Sexual abuse of a vulnerable adult.
2.  Incest.
3.  Homicide, including first or second degree murder, manslaughter and negligent homicide.
4.  Sexual assault.
5.  Sexual exploitation of a minor.
7.  Commercial sexual exploitation of a minor.
11.  Felony child neglect.
13.  Sexual conduct with a minor.
14.  Molestation of a child.
15.  Molestation of a vulnerable adult.
16.  Dangerous crimes against children as defined in Section 13-705.
17.  Exploitation of minors involving drug offenses.
18.  Taking a child for the purpose of prostitution as prescribed in Section 13-3206.
20.  Sex trafficking.
22.  Production, publication, sale, possession and presentation of obscene items as prescribed in Section 13-3502.
23.  Furnishing harmful items to minors as prescribed in Section 13-3506.
24.  Furnishing harmful items to minors by internet activity as prescribed in Section 13-3506.01.
25.  Obscene or indecent telephone communications to minors for commercial purposes as prescribed in Section 13-3512.
26.  Luring a minor for sexual exploitation.
27.  Enticement of persons for purposes of prostitution.
28.  Procurement by false pretenses of person for purposes of prostitution.
29.  Procuring or placing persons in a house of prostitution.
30.  Receiving earnings of a prostitute.
31.  Causing one’s spouse to become a prostitute.
32.  Detention of persons in a house of prostitution for debt.
33.  Keeping or residing in a house of prostitution or employment in prostitution.
34.  Pandering.
35.  Transporting persons for the purpose of prostitution, polygamy and concubinage.
36.  Portraying adult as a minor as prescribed in Section 13-3555.
37.  Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558
38.  Any felony offense involving contributing to the delinquency of a minor.
39.  Unlawful sale or purchase of children.
YES NO

40. Child bigamy.

41. Any felony offense involving domestic violence as defined in Section 13-3601 except for a felony offense only involving criminal damage in an amount of more than $250 but less than $1000 if the offense was committed before the effective date of this section.

42. Any felony offense in violation of Title 13, Chapter 12 if committed within five years before the date of applying for a Level I fingerprint clearance card.

43. Felony drug or alcohol related offenses if committed within five years before the date of applying for a Level I fingerprint clearance card.

44. Felony indecent exposure.

45. Felony public sexual indecency.

46. Terrorism

47. Any offense involving a violent crime as defined in Section 13-901.03.

APPEALABLE OFFENSES

Are you WAITING TRIAL on or have you ever been CONVICTED of any of the following criminal offenses in this state or similar offenses in another state or jurisdiction (answer "YES" or "NO" to each listed offense). A person who is awaiting trial on or who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit one or more of the following offenses in this state or the same or similar offenses in another state or jurisdiction is precluded from receiving a Level I fingerprint clearance card, except that the person may petition the board of fingerprinting for a good cause exception pursuant to section 41-619.55. Adjudications by a juvenile court need not be identified. Expunged convictions from any court other than juvenile court must be identified.

YES NO

1. Any misdemeanor offense in violation of Title 13, Chapter 12 (assault and related offenses).

2. Misdemeanor indecent exposure.


4. Aggravated criminal damage.

5. Theft.

6. Theft by extortion.

7. Shoplifting.

8. Forgery.

9. Criminal possession of a forgery device.

10. Obtaining a signature by deception.

11. Criminal impersonation.

12. Theft of a credit card or obtaining a credit card by fraudulent means.

13. Receipt of anything of value obtained by fraudulent use of a credit card.

14. Forgery of a credit card.

15. Fraudulent use of a credit card.

16. Possession of any machinery, plate, or other contrivance or incomplete credit card.

17. False statement as to financial condition or identity to obtain a credit card.

18. Fraud by persons authorized to provide goods or services.

19. Credit card transaction record theft.

20. Misconduct involving weapons.


22. Depositing explosives.

23. Misconduct involving simulated explosive devices.

24. Concealed weapon violation.

25. Misdemeanor possession and misdemeanor sale of peyote.

26. Felony possession and felony sale of peyote if committed more than five years before the date of applying for a Level I fingerprint clearance card.

27. Misdemeanor possession and misdemeanor sale of a vapor-releasing substance containing a toxic substance.

28. Felony possession and felony sale of a vapor-releasing substance containing a toxic substance if committed more than five years before the date of applying for a Level I fingerprint clearance card.
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<tbody>
<tr>
<td>29.</td>
<td>Misdemeanor sale of precursor chemicals.</td>
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<tr>
<td>30.</td>
<td>Felony sale of precursor chemicals if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
</tr>
<tr>
<td>31.</td>
<td>Misdemeanor possession, misdemeanor use or misdemeanor sale of marijuana, dangerous drugs or narcotic drugs.</td>
</tr>
<tr>
<td>32.</td>
<td>Felony possession, felony use or felony sale of marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
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<tr>
<td>33.</td>
<td>Misdemeanor manufacture and misdemeanor distribution of an imitation controlled substance.</td>
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<tr>
<td>34.</td>
<td>Felony manufacture or felony distribution of an imitation controlled substance if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
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<tr>
<td>35.</td>
<td>Misdemeanor manufacture and misdemeanor distribution of an imitation prescription-only drug.</td>
</tr>
<tr>
<td>36.</td>
<td>Felony manufacture or felony distribution of an imitation prescription-only drug if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
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<tr>
<td>37.</td>
<td>Misdemeanor manufacture and misdemeanor distribution of an imitation over-the-counter drug.</td>
</tr>
<tr>
<td>38.</td>
<td>Felony manufacture or felony distribution of an imitation over-the-counter drug if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
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<tr>
<td>39.</td>
<td>Misdemeanor possession or misdemeanor possession with intent to use an imitation controlled substance.</td>
</tr>
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<td>43.</td>
<td>Misdemeanor possession or misdemeanor possession with intent to use an imitation over-the-counter drug.</td>
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<td>Felony possession or felony possession with intent to use an imitation over-the-counter drug if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
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<tr>
<td>45.</td>
<td>Misdemeanor manufacture of certain substance and drugs by certain means.</td>
</tr>
<tr>
<td>46.</td>
<td>Felony manufacture of certain substance and drugs by certain means if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
</tr>
<tr>
<td>47.</td>
<td>Adding poison or other harmful substance to food, drink or medicine.</td>
</tr>
<tr>
<td>48.</td>
<td>A criminal offense involving criminal trespass and burglary under Title 13, Chapter 15.</td>
</tr>
<tr>
<td>49.</td>
<td>A criminal offense under Title 13, Chapter 23 except terrorism.</td>
</tr>
<tr>
<td>50.</td>
<td>Misdemeanor offenses involving child neglect.</td>
</tr>
<tr>
<td>51.</td>
<td>Misdemeanor offenses involving contributing to the delinquency of a minor.</td>
</tr>
<tr>
<td>52.</td>
<td>Misdemeanor offenses involving domestic violence as defined in Section 13-3601.</td>
</tr>
<tr>
<td>53.</td>
<td>Felony offenses involving domestic violence if the offense only involved criminal damage in an amount of more than $250 but less than $1000 and offense was committed before the effective date of this Section.</td>
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<tr>
<td>54.</td>
<td>Arson</td>
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<tr>
<td>55.</td>
<td>Felony offenses involving sale, distribution or transportation of, offer to sell, transport or distribute or conspiracy to sell, transport or distribute marijuana, dangerous drugs or narcotic drugs if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
</tr>
<tr>
<td>56.</td>
<td>Criminal damage.</td>
</tr>
<tr>
<td>57.</td>
<td>Misappropriation of charter school monies as prescribed in Section 13-1818.</td>
</tr>
<tr>
<td>58.</td>
<td>Taking identity of another person or entity.</td>
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<tr>
<td>59.</td>
<td>Aggravated taking identity of another person or entity.</td>
</tr>
<tr>
<td>60.</td>
<td>Trafficking in the identity of another person or entity.</td>
</tr>
<tr>
<td>61.</td>
<td>Cruelty to animals.</td>
</tr>
<tr>
<td>62.</td>
<td>Prostitution, as prescribed in Section 13-3214.</td>
</tr>
<tr>
<td>63.</td>
<td>Sale or distribution of material harmful to minors through vending machines as prescribed in Section 13-3513.</td>
</tr>
<tr>
<td>64.</td>
<td>Welfare fraud.</td>
</tr>
<tr>
<td>65.</td>
<td>Any felony offense in violation of Title 13, Chapter 12 if committed more than five years before the date of applying for a Level I fingerprint clearance card.</td>
</tr>
<tr>
<td>66.</td>
<td>Kidnapping.</td>
</tr>
<tr>
<td>67.</td>
<td>Robbery, aggravated robbery or armed robbery.</td>
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</table>
ADDITIONAL QUESTIONS

YES NO

☐ ☐ Do you have a current, valid fingerprint clearance card?

Effective date of the fingerprint clearance card? ______

- Applicants, new hires, and current employees in new positions requiring a fingerprint clearance card must obtain a valid card dated on or after September 19, 2007.

I hereby certify under penalties of perjury, that the answers given above are true and correct to the best of my knowledge and belief.

Employee’s Signature

State of ____________________________

County of __________________________

Subscribed and sworn or affirmed and acknowledged before me this ______________ day of ______________

Commission Expiration date __________________________ Notary Public

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local DES office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.
DIRECT SERVICE POSITION JOB SUPPLEMENT

All applicants interviewed for direct service positions will be searched through the CPS Central Registry. All information contained on this form is confidential.

<table>
<thead>
<tr>
<th>NAME (Last, First, M.I.)</th>
<th>SOC. SEC. NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALIASES (Such as maiden, nick names, etc.)</td>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>ADDRESS (No., Street, City, State, ZIP)</td>
<td></td>
</tr>
</tbody>
</table>

APPLYING FOR:
Use page 2 of this form to check the position you are applying for.

☐ Other

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, or another state or jurisdiction that resulted in a substantiated (found to be true) finding?  
☐ Yes  ☐ No

If Yes, to the question above:

What was the allegation(s)?

When was the investigation(s) conducted?

Where was the investigation(s) conducted?

STATEMENT OF CERTIFICATION
By signing this job supplement, I certify under penalty of law that the information provided anywhere in this supplement is true, correct, and complete to the best of my knowledge and belief. I also acknowledge that should investigation at any time disclose any misrepresentation or falsification, my resume may be rejected, my name removed from further consideration, and I may be disqualified from future examinations and/or terminated from employment. I also authorize the hiring agency to make all necessary and appropriate investigations allowable by law to verify the information provided.

SIGNATURE  
DATE

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, please contact 602-771-2870; TTY/TDD Services: 7-1-1.
## CLASSIFICATIONS

### DACS
**Division of Aging and Community Services**
- Human Services Specialist I, II, III
- Human Services Unit Supervisor
- Human Services Worker I, II
- Programs & Projects Specialist II
- Social Services Coordinator I

### DBME
**Division of Benefits and Medical Eligibility**
- Program Services Evaluator I, II, III, IV, V
- Customer Service Representatives I, II, III

### DCSE
**Division of Child Support Enforcement**
- Child Support Enforcement Officer I, II
- Child Support Enforcement Technician I, II
- Child Support Enforcement Unit Supervisor I, II

### DCYF
**Division of Children, Youth and Families**
- All Human Services Classifications
- All Child Protective Services Classifications

*Classifications may vary by District, i.e., Secretary, Clerk-Typist, etc.*

### DDD
**Division of Developmental Disabilities**
- Cook I, II, III
- Custodial Crew Supervisor I, II
- Custodial Crew Worker I, II
- Driver
- Food Services Supervisor I, II
- Habilitation Nurse I, II
- Habilitation Nurse Manager
- Habilitation Nurse Supervisor
- Habilitation Nursing Director
- Habilitation Nursing Services Coordinator
- Habilitation Program Specialist
- Habilitation Specialist
- Habilitation Supervisor I, II
- Habilitation Technician II, III
- Housekeeping
- Human Services Specialist I, II, III
- Human Services Unit Supervisor
- Human Services Worker I, II
- Institutional LPN II
- Mental Health Specialist II, III, IV
- Teacher Institutional Programs

### DERS/CCA
**Division of Employment and Rehabilitation Services**
**Child Care Administration**
- ES Bureau Chief
- ES District Program Managers (All)
- Human Service Unit Supervisors (All)
- Human Service Specialist II
  *only those that perform certification functions*
- Contract Management Specialists II and III
  *only those assigned to Program Development/Provider Relations (PDPR) Unit*
- Program & Projects Specialist II
  *only those assigned to PDPR unit*
- Administrative Service Officer III
  *only those assigned to PDPR unit*
- Human Service Program Development Specialists
  *only those assigned to PDPR unit*

### DERS/RSA
**Division of Employment and Rehabilitation Services**
**Rehabilitation Services Administration**
- Rehabilitation Services Supervisor
- Rehabilitation Services Program Representative
- Rehabilitation Services Specialist I, II, III
- Rehabilitation Services Technician
- Rehabilitation Instructional Services Specialist III
- Human Services Specialist II
ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIRECT SERVICE POSITION JOB SUPPLEMENT (PART II)

All applicants interviewed for direct service positions will be searched through the CPS Central Registry. All information contained in this form is confidential.

If you have ever been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction that resulted in a substantiated (found to be true) finding, you may provide an explanation of the incident of child abuse or neglect. It is not necessary to disclose name of child(ren) or any other person involved in the investigation. If more space is needed, please attach additional sheets.

ATTENTION HIRING SUPERVISOR – This section must be complete prior to the job offer.

NAME (Last, First, M.I.)

SOC. SEC. NO.

ALIASES (Such as maiden, nick names, etc.)

DATE OF BIRTH

REPORT FOUND

☐ Yes ☐ No

If Yes, attach a copy of the CPS Report

DATE OF SEARCH

If applicable, describe how the CPS Central Registry information was considered as one factor in determining the applicant’s qualifications for the direct service position.

HIRING AUTHORITY’S SIGNATURE

DATE

Distribution: Forward the original document to the Division Staff Management.

Retention: Retain a copy of this document along with the CPS report(s) in the applicant’s local office personnel file or interview folder for a period of three years from the date of the interview.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, please contact 602-771-2870; TTY/TDD Services: 7-1-1.
Application for Employment

Completion of this form in no way constitutes an offer of employment. The information requested is required to provide us with information necessary to consider you for the position for which you are applying.

Please print legibly or type all requested information

Date of Application

Position for which you are applying

Last Name First Name M.I.

Street Address

City State ZIP Code

Contact Phone Number(s) (include area code)

Contact E-mail address

Alternate Phone Number(s) (include area code)

State Agency Applying to

Conditions of Consideration for Employment

All information contained on the application is subject to verification. If applicable, the State of Arizona may conduct background checks including, but not limited to, work references, driving records, criminal conviction records and educational attainment.

You may be subjected to a criminal background investigation for some positions. If applicable, your fingerprints may be sent to state and federal law enforcement agencies (DPS and FBI). All offers of employment and continued employment may be subject to a complete review of any criminal convictions you may have. Your failure to make a full and accurate disclosure of any prior conviction(s), or to answer the questions fully and accurately, may result in immediate termination from employment or the rejection of any pending application or offer from the State of Arizona.

Criminal Background Information (All Applicants)

All questions must be answered truthfully and completely. "Crime" as used in this section means any and all felonies, misdemeanors and serious driving offenses including, but not limited to, driving while under the influence of intoxicating liquor ("DUI") or drugs, extreme DUI, reckless driving, aggressive driving, racing/exhibition of speed, excessive (criminal) speed, leaving the scene of an accident, driving on a suspended, revoked or refused license or any other driving offense that is a misdemeanor (i.e., possible penalty for conviction includes imprisonment or jail time). "Crime" does not include minor (civil) traffic offenses. If you are not sure how to answer these questions, please ask a member of the Human Resources Department for assistance.

"Convicted" means you have been found guilty of a crime by a court or jury, or have pleaded guilty or nolo contendere ("no contest") to a crime and have been sentenced for a crime, whether imprisoned, incarcerated, placed on probation, fined or received a suspended sentence.

**Note: A criminal conviction(s) may or may not constitute an automatic disqualification for employment.

Have you ever been convicted of any crime, even if set aside or expunged? □ Yes □ No

If you answered "yes" to the question above, please give the details of offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign or military), and disposition(s) on the attached supplemental sheet marked "Criminal Conviction History Form". Exclude tickets for minor traffic and parking violations.

ASPS/HRD-FA3.01 09/14 1 of 8
CRIMINAL CONVICTION HISTORY

If you have ever been convicted of any crime, please give the details of the offense(s) for which convicted, date(s) of conviction(s), jurisdiction(s) (court, city, county, state, federal, foreign or military), and disposition(s). Please see page 1 for definition of "crime".

<table>
<thead>
<tr>
<th>DATE</th>
<th>CONVICTION</th>
<th>MISDEMEANOR OR FELONY</th>
<th>DISPOSITION</th>
<th>LAW ENFORCEMENT AGENCY</th>
<th>CITY</th>
<th>STATE</th>
<th>COUNTY</th>
<th>OTHER FEDERAL, FOREIGN, MILITARY</th>
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Name of Applicant

Can you provide verification of your eligibility to work in the U.S.?  
☐ Yes  ☐ No

Are you 18 years of age or older?  
☐ Yes  ☐ No

**EDUCATION AND TRAINING**

<table>
<thead>
<tr>
<th>College, University, Trade or Business Schools</th>
<th>City, State (List campus attended)</th>
<th>Degree/Diploma Attained/Year</th>
<th>Hours Earned</th>
<th>Major Area of Study</th>
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Proof of your degree from an accredited College/University may be required upon hire.

<table>
<thead>
<tr>
<th>Other Training: Name and Location of Institution</th>
<th>Topic of Training</th>
<th>Diploma/Certificate</th>
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List Current Licenses/Professional Registrations/Certifications  
State Received  
Expiration Date(s)

|                                                  |                   |                     |
|                                                  |                   |                     |
|                                                  |                   |                     |

Do you currently or have you ever worked for the State of Arizona?  
☐ Yes  ☐ No
If yes, please state the name of the agency and the last employment date, if not included in the employment history below.

List reason for leaving State employment.

Have you ever been dismissed or allowed to resign in lieu of dismissal from a position for misconduct or unsatisfactory service?  
☐ Yes  ☐ No
If yes, describe the circumstances even if you did not agree with your employer's decision:
**EMPLOYMENT HISTORY**

List all employers for the past ten (10) years beginning with the most recent first. Account for all time employed, including self employment. If you do not have employment history, please proceed to page six.

<table>
<thead>
<tr>
<th>HOURS PER WEEK</th>
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<table>
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If presently employed, may we contact your employer?  

- [ ] Yes  
- [ ] No  

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Please list any other names you may have used while employed.  

If you need additional space, please use the sheet marked "Additional Information".
PROFESSIONAL REFERENCES

This form shall be completed if you do not have employment history. If you do have employment history, this form is optional. However, the information on pages four and five should not be duplicated here. Please list the names and contact information of three professional references (current and/or former co-workers, customers, supervisors, teachers, professors, volunteer coordinators, internship managers, etc.) who may be contacted.

<table>
<thead>
<tr>
<th>Name</th>
<th>Professional Relationship</th>
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<tbody>
<tr>
<td>Telephone Number</td>
<td>E-mail Address</td>
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PLEASE USE THE REMAINDER OF THIS PAGE FOR ANY ADDITIONAL INFORMATION
STATE OF ARIZONA
DRIVER FORM

Please complete this form if the position you are applying for will require you to drive a vehicle as part of your job responsibilities.

I understand to operate a personally owned vehicle or fleet motor vehicle for the furtherance of State business purposes, I must have an acceptable driving record and complete applicable driver training as required by Arizona Administrative Code R2-10-207(12).

I understand the Driver Protection Privacy Act of 1994, amended September 1997, prohibits the release of my Motor Vehicle Record for reasons other than matters of motor vehicle or driver safety.

I understand I may be asked and would be responsible for providing a copy of my thirty-nine month motor vehicle record history if I do not have a current Arizona driver license.

Name (print as it appears on your driver license)

Do you have a current valid U.S. driver license?  □ Yes  □ No

State Issuing and Driver License Number

Do you have a current valid U.S. commercial driver license?  □ Yes  □ No

State Issuing and Driver License Number
I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements and falsifications may cause forfeiture on my part of all eligibility to any employment with the State of Arizona and may be cause for rejection of this application, removal of my name from eligibility lists, or dismissal from State employment. In addition, I give the State of Arizona the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency, individual or educational institution assisting the State of Arizona in providing relevant, job-related information that will assist in the process.

My signature below certifies that I have read and understand this application and agree to the terms and conditions outlined in this document.

Applicant's Signature  Date

Printed Name

Arizona State Government is an AA/EOE/ADA Reasonable Accommodation Employer.

Persons with a disability may request a reasonable accommodation by contacting the Agency Human Resources Office. Requests should be made as early as possible to allow time to arrange the accommodation.