BSW Child Welfare Education Program
Application Form

Last Name: ___________________________ First Name: ___________________________

ASU ID: ___________________________ Social Security #: _________________________

ASU e-mail address (if applicable): ____________________________________________

Secondary e-mail address: ___________________________________________________

Primary Ph#: ___________________________ Secondary Ph#: _______________________

Physical Street Address: _______________________________________________________

City, State, Zip: ____________________________________________________________

Mailing Address (if different from physical address): _______________________________

City, State, Zip: ____________________________________________________________

Education

Number of College Credits you have earned to date: ____________________________
Number of College Credits currently underway: _________________________________

What University/College are you currently attending?

_____ ASU or _____ Community College or other University: ______________________

From which universities or colleges will you be transferring credits to ASU? (please list in the table below):

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<th>Name of Institution</th>
<th>Location</th>
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What is your current overall GPA (GPA from all your college courses)?

What is your current Social Work GPA (GPA from your Social Work classes, if you do not yet have any final grades in any Social Work classes, write, "in progress")?

Where did you take or are you taking the following Social Work courses and what grades did you receive in these courses (if you are currently taking these courses, please write, "in progress")?

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Grade</th>
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<td>Introduction to Social Work</td>
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<td>Social Service Delivery Systems</td>
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<td>Foundations of Social Work Practice</td>
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What will be your primary level of enrollment at ASU?

_____ part-time student or _____ full-time student

Which campus will you be attending?

_____ Phoenix Downtown Campus _____ West Campus _____ Tucson Campus

What semester/year did you take, are you taking, or will you take SWU 311, Integrative Social Work Practice?

_____ Semester _____ Year

When do you anticipate being in field (SWU 412 and SWU 414; please provide your best estimate)? Please note that students in the Child Welfare Education Program must do their two semesters of field as consecutive semesters; either as a Fall/Spring placement or as a Spring/Summer placement.

_____ Semester _____ Year

_____ Semester _____ Year

When do you anticipate graduating (please provide your best estimate)?

_____ Semester _____ Year
BSW Child Welfare Education Program Curriculum Requirements
Please initial each statement below indicating your understanding of the requirements of the Child Welfare Education Program.

_____ I understand that all students in the Child Welfare Education Program must be advanced in the BSW Program and graduate with a Bachelor of Social Work degree. I agree that I will maintain an overall GPA of at least 2.0 and a Social Work course work GPA of at least 3.0. I further agree that I have or will have at least a C in the following critical Social Work courses: SWU 171, 291, 295, 311, 312, 306, 303, 340, 374, 410, 412, 413, 432, 442, 411, 414, and 415.

_____ I understand that all Child Welfare Education Program students are required to take SWU 442, Introduction to Practice with Children and Families in Child Welfare as their senior year selective and that this selective will only be offered in the Fall and Spring at the Phoenix campus and only in the Spring at the Tucson campus. Phoenix campus students should plan to take this class concurrently with their first semester of field. Phoenix campus students who are part-time and need to take SWU 442 in their second semester of field must have this approved in advance by the Course Instructor and Program Coordinator.

_____ I understand that all BSW Child Welfare Education Program students are required to complete their field placement (internship) at either an ASU Child Welfare Education Unit or with a DCS field instructor.

Phoenix campus students: I understand that I will most likely be placed in an ASU Child Welfare Education Unit and that these units are in the West Valley and Central Phoenix. If I am not placed in one of those units, I understand that my field placement could be anywhere in Maricopa county. There are no guarantees that my field placement will be in close proximity to or a short commute from my home.

Tucson campus students: I understand that my field placement could be anywhere in Pima county. There are no guarantees that my field placement will be in close proximity to or a short commute from my home.

Phoenix campus students: I understand that the normal field hours for BSW students are Mondays and Wednesdays from 8 a.m. to 5 p.m. and that most all DCS units perform their work during normal business hours. I understand that there is no guarantee that a field placement will accommodate alternative hours. I also understand that there will be mandatory trainings for field that will take place during normal field hours regardless of the field hours I am working with my field instructor. If I am placed in an ASU Child Welfare Education Unit, I understand that, for the most part, I will be expected to be in my field placement from 8 a.m. to 5 p.m. regardless of my commute time.

Tucson campus students: I understand that if I am able to be placed in the Tucson Child Welfare Education Unit, my field hours will be altered to accommodate activities and trainings with the MSW students in the unit and that I would be informed of what the expected hours would be prior to entering this placement. If I am unable to accommodate these hours, I will be placed with a DCS Field Instructor and will create my field schedule with my instructor.

last modified: 1-15-18
All students: If a placement is available at an after-hours unit, this placement will be offered first to current DCS employees (i.e. Case Aides).

Phoenix campus students: If I do a Spring/Summer Field Placement, I will not follow the School’s calendar for field. Rather, I will continue to be in field on Mondays and Wednesdays during the two week break between the Spring and Summer semesters. I will then remain in field on Mondays and Wednesdays throughout the Summer until the end of Summer B Session. Summer field students take an incomplete in field, as the SSW’s calendar has field ending at the end of Summer C Session. This incomplete will be cleared by the end of Summer B Session, in time for students to graduate in August. The incomplete will not interfere with scheduling other classes or impact students’ GPAs. I understand that I may not do a Spring/Fall field placement.

Additionally, the School requires students to take Integrative Field Seminar (SWU 415) concurrently with their second semester of field. So, if I am in a Spring/Summer placement, I must take SWU 415 in the summer. This class is only taught as an all-day class on Fridays in Summer Session C.

Tucson campus students: I understand that Tucson students may only enter field in the Fall and do a Fall/Spring placement.

I understand that my field placement at DCS will entail DCS job functions that require travel. I have or will have access to reliable personal transportation when I will be at my field placement.

I understand that I will be expected to make academic progress, and to graduate in a timely manner. I further understand that the scholarship will only pay for a student to retake a class on a case-by-case basis and that there must be sufficient justification for the Scholarship to pay for repeating a class.

I understand that I should withdraw from classes I do not intend on completing PRIOR to 100% tuition reimbursement deadline, or that I, personally, will be charged for these courses.

I understand that the Scholarship will only pay for classes which are on my Program of Study for a BSW degree.

I understand that I must pass a driving record check each semester and that I should maintain good driving habits. I agree to providing a copy of my driving record, which can be obtained from the DMV, as requested by the CWEP or DCS. (Please note: students should not have 8 points or more over the course of the past 12 months on their driving records at any time while they are in the program.)

I understand that I must maintain a Level 1 DPS Fingerprint Clearance Card and that getting a DUI or a drug possession or paraphernalia charge (even for marijuana) could result in my fingerprint clearance card being revoked. I understand that while recreational marijuana use is legal in other states, it is not legal in the state of AZ. Being arrested for the use of the drug, or for the possession or transportation of the drug or paraphernalia will most likely result in being removed from the CWEP.
I understand that being accepted into the Child Welfare Education Program does not guarantee me employment at DCS upon graduation. If I am unable to be hired at DCS, I understand that I will have to repay the funds that were invested into my education.

I understand and agree that my field instructor and/or field unit supervisor may be contacted as a reference for my employment at DCS. I give permission for my field instructor to be contacted as a reference even if I do not list my field instructor as a reference on my employment application.

**DCS Work Requirements**
The following are a few of the DCS Work Requirements. Students should be aware of these work requirements and be able to meet them upon employment with DCS. Please initial each statement indicating that you understand the requirement.

I understand that I must be a U.S. citizen or have a work visa/green card that would allow me to meet the work commitment at DCS upon graduation.

I understand that I must be able to pass a Central Registry check (Please note: individuals who have had a substantiated report of child abuse or neglect against them as a parent/care-taker in the past 18 years will generally NOT pass this check).

I understand that I must be able to obtain and maintain an Arizona Department of Public Safety Level I fingerprint clearance card. (Please note: individuals who have been convicted of a DUI in the past five years, of a crime against a child or vulnerable adult, or of a felony may NOT be able to get a clearance card, additionally, if a person is charged with a crime or DUI while in possession of a clearance card, the card may be revoked.)

I understand that by the time of my employment at DCS, I must have a valid AZ driver's license, auto insurance, and regular access to a vehicle capable of safely transporting at least two other people in addition to myself.

I understand that I must be able to pass a driving background check and maintain good driving habits. (Please note: students should not have 8 points or more over the course of the past 12 months at the time they apply to DCS).

I understand that I must be able to pass the hiring screening at the time of my application for employment to the department, and that acceptance into the Child Welfare Education Program does not guarantee being able to be hired at DCS.

I understand that DCS will choose my employment location based on the needs of the Department. There is no guarantee that I will not have to relocate to another area of the state or that if I do not have to relocate, that the office I'm assigned will be in close proximity to or a short commute from my home. If I am placed in rural region I may have to be available for after-hours duties. Furthermore, DCS will choose my position type based on the needs of the agency. I may be placed in a DCS Specialist position doing investigations, on-going, a combination of both, adoptions or any other DCS Specialist position.
Essential Functions of the DCS Specialist Position
The following are some of the essential functions of a DCS Specialist. While not being able to fulfill all of the essential functions does not automatically rule out any applicant, if you cannot fulfill any of the essential functions, please note this on a separate document so that DCS can ascertain whether reasonable accommodations can be made.
- the ability to visually assess the condition of a child and his/her home environment
- 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
- the ability to write competently in English

Please initial the statement below:

_____ I have read the essential functions of the DCS Specialist Position and can perform the essential functions of the DCS Specialist without accommodations. OR If I need reasonable accommodations, I have attached a separate page describing these accommodations.

Contractual Requirements
Please initial the statements below indicating your understanding of your contractual responsibilities if you enter the BSW Child Welfare Education Program and sign the contract with DCS.

_____ I understand that if I am awarded a Child Welfare Scholarship, I will be contractually obligated to work full-time at the Department of Child Safety in a case carrying capacity in Arizona for up to two years upon my graduation from the BSW Program. If I intend to continue my education in the MSW program, I have read and understand the information contained under the “Continuing on to the MSW Program” link on the website, which states that I will NOT be permitted to postpone my work commitment until after an MSW program.

_____ I understand that if I accept the BSW Child Welfare Scholarship and do not fulfill my work commitment to DCS, I will be required to pay back (at a pro-rated amount) the money that was invested in my education to the Arizona Department of Child Safety.

DCS Fit
The purpose of the BSW Child Welfare Education Program is to recruit and educate 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 Child Welfare Education 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 Child Welfare Education Program, that of providing DCS with competent workers who are prepared to provide services to highly vulnerable children and families; and 2) ensure that the investment in your education does not pose an undue burden on you if you are ultimately unable to work at DCS and are required to pay back the scholarship money received.
Please check all the resources you utilized to explore the field of child welfare from the list below.

Mandatory for All Applicants (available on the CWEP website):

_____ viewed the AZ DCS Realistic Job Preview

_____ read the Myths of DCS Work document

_____ completed and considered the DCS Fit Checklist document

Others:

_____ shadowed an ASU Child Welfare Education Program staff member.

_____ read the FAQs regarding Child Welfare students and DCS (on the CWEP website)

_____ visited and explored the DCS website

_____ other (please identify: _____________________________)

Application Materials Checklist

Please initial each item below indicating that you have included this document with your application.

_____ CWEP Application Form (8 page form)

_____ Four Supplemental Forms with original signatures:
1. Consent for full Access to Educational Records (1 page)
2. Certificate of Criminal Offense (4 pages)  
   (This document must be notarized)
3. Direct Service Position Job Supplement Part I (2 pages)  
   (on page 2, under the DCYF heading, check the box for “All Child Protective Services Classifications”)
4. Direct Service Position Job Supplement Part II (1 page)  
   (If you have never had a substantiated allegation write, “NA” in the text box)

_____ DCS Employment Application (8 page form that must be downloaded separately and must be accessed via Internet Explorer (NOT Google Chrome, Mozilla Firefox, or Safari)

_____ Personal Statement that addresses:
1) My interest in working in the field of child welfare;
2) My experience in working with vulnerable children and families;
3) My understanding of the roles and responsibilities of DCS Specialists (case managers/investigators) at the Department of Child Safety (DCS) and my understanding of the kinds of things I would be doing as a DCS Specialist
4) My strengths in being a DCS Specialist;
5) Challenges I may face in being a DCS Specialist;
6) My understanding of the commitment to work for DCS upon graduation;

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7) Additional information I would like you to know about me that I believe is important in considering my application for this program.
Please be sure that your **full name** is on each page of your personal statement.

____ Resume noting applicable employment history and volunteer history. Please include your volunteer experience you completed for your Social Service Delivery Systems class (if applicable) or any other class that required a volunteer placement. Please be sure your **full name** is on each page.

____ Unofficial transcripts. Please include transcripts from **ALL** institutions with courses that you intend to transfer to ASU for credit and/or transcripts from all institutions with courses that will be applied to your BSW degree. Please note that you must include transcript(s) that include the following courses: Introduction to Social Work, Social Service Delivery Systems, and Foundations of Social Work Practice. These courses must either be in progress at the time of your application or have already been completed.

____ Plan of study. Please include your most recent plan of study or academic plan from an academic advisor. This plan should include when you plan on being in field (SWU 412 and SWU 414). If you are unable to get an advising appointment before this application is due, please communicate with the CWEP Program Coordinator about the date of your advising appointment. With the approval of the Program Coordinator, you may submit your plan of study as a separate document after the application due date.

____ A copy of **BOTH** sides of your Level One fingerprint clearance card with a copy of your social security card on the **SAME PAGE; OR** a copy of your completed fingerprint application form (you can obtain an application form from Jama Sandoval).

____ A copy of your driving record that is inclusive of at least the past 36 months. Students with AZ driver's licenses can obtain this information from: [https://servicearizona.com/motorVehicleRecord](https://servicearizona.com/motorVehicleRecord)
The cost for this service through the website is $3.00. If you have an out-of-state driver's license, you should consult your state's department or division of motor vehicles in order to get a copy of your driving record.
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.

DES – Child Protective Services
Name(s)

1789 W. Jefferson Phoenix, AZ 85204
Address

Collaborative Partner with the ASU School of Social Work; Child Welfare Training Project
Relationship

By presenting a signed and dated copy of this consent to the Child Welfare Training 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.
ARIZONA DEPARTMENT OF CHILD SAFETY
INTERN APPLICATION

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<td>MAILING ADDRESS (If different)</td>
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REASON FOR INTERNING

CURRENT/PREVIOUS EMPLOYMENT

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<tr>
<td>EMPLOYER'S ADDRESS (No., Street, City, State, ZIP)</td>
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SUPERVISOR'S NAME | LENGTH OF EMPLOYMENT | PHONE NUMBER |

AVAILABILITY

INDICATE THE DAYS AND HOURS YOU ARE WILLING TO WORK | NUMBER OF HOURS AVAILABLE PER WEEK/MONTH

INTERN EXPERIENCE (Where, When, Type of Work)

EDUCATION (Highest Level)

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<th>High School, College, University, Trade School or Business School</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Diploma/Degree and Date Received</th>
<th>Major Area of Study</th>
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REFERENCES (Persons Not Related To You)

1. NAME | PHONE NUMBER
   ADDRESS

2. NAME | PHONE NUMBER
   ADDRESS

STATEMENT OF CERTIFICATION

Have you ever been convicted of any crime, even if set aside or expunged? Please note that a criminal conviction does not automatically disqualify you from interning.

☐ YES ☐ NO

If YES, please provide the following:

DATE / / JURISDICTION CHARGE ☐ Felony OR ☐ Misdemeanor

Do you currently have a valid Level One Fingerprint Clearance Card?

☐ YES ☐ NO If YES, attach a copy of fingerprint card. If NO, use Fieldprint to obtain fingerprint card, if required.
Have you had an entry of substantiated acts of child abuse or neglect in any other state's or jurisdiction's registry?

☐ YES ☐ NO If YES, please explain:

All interns must consent to a search of the DCS Central Registry for any entries of child abuse. Please provide the following information:

Date of Birth: ___________________________ Social Security Number: ___________________________

INSURANCE

LIABILITY COVERAGE: Interns are persons doing State of Arizona work/activities under the direction and control of a State authorized official and are not being paid. Liability coverage is extended to interns acting at the direction of a State official and within the course and scope of their State authorized activities. Interns of the State are provided the same liability protection afforded employees. Thus, interns acting within the course and scope of their State authorized activities may be covered for their liability exposure as authorized interns of the State.

WORKERS' COMPENSATION IS NOT COVERED: Interns are NOT covered by the State's workers' compensation plan if injured while participating in this program. (Except for interns covered pursuant to A.R.S. 23-901.) Interns are strongly encouraged to obtain their own medical insurance before participating in this program.

I certify that the above responses are true to the best of my knowledge. I agree to allow the Department of Child Safety to check my references. I have carefully read the above information and understand its contents.

PROSPECTIVE INTERN'S SIGNATURE ___________________________ DATE ___________________________

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DCS INTERNAL USE ONLY

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<th>DUTIES OF INTERN</th>
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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, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. 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 office; TTY/TDD Services: 7-1-1 • Free language assistance for Department services is available upon request • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.
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.

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NON-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 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 I fingerprint clearance card. Adjudications by a juvenile court need not be identified. Expunged convictions from any court other than juvenile court must be identified.

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- Sexual abuse of a vulnerable adult.
- Incest.
- Homicide, including first or second degree murder, manslaughter and negligent homicide.
- Sexual assault.
- Sexual exploitation of a minor.
- Sexual exploitation of a vulnerable adult.
- Commercial sexual exploitation of a minor.
- Commercial sexual exploitation of a vulnerable adult.
- Child prostitution as prescribed in A.R.S. § 13-3212.
- Child abuse.
- Felony child neglect.
- Abuse of a vulnerable adult.
- Sexual conduct with a minor.
- Molestation of a child.
- Molestation of a vulnerable adult.
- Dangerous crimes against children as defined in Section 13-705.
- Exploitation of minors involving drug offenses.
- Taking a child for the purpose of prostitution as prescribed in Section 13-3206.
- Neglect or abuse of a vulnerable adult.
- Sex trafficking.
- Sexual abuse.
- Production, publication, sale, possession and presentation of obscene items as prescribed in Section 13-3502.
- Furnishing harmful items to minors as prescribed in Section 13-3506.
- Furnishing harmful items to minors by internet activity as prescribed in Section 13-3506.01.
- Obscene or indecent telephone communications to minors for commercial purposes as prescribed in Section 13-3512.
- Luring a minor for sexual exploitation.
- Enticement of persons for purposes of prostitution.
- Procurement by false pretenses of person for purposes of prostitution.
- Procuring or placing persons in a house of prostitution.
- Receiving earnings of a prostitute.
- Causing one's spouse to become a prostitute.
- Detention of persons in a house of prostitution for debt.
- Keeping or residing in a house of prostitution or employment in prostitution.
- Pandering.
- Transporting persons for the purpose of prostitution, polygamy and concubinage.
- Portraying adult as a minor as prescribed in Section 13-3555.
- Admitting adult as a minor as prescribed in A.R.S. § 13-3558
- Any felony offense involving contributing to the delinquency of a minor.
- 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 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 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.
<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>29.</td>
<td>Misdemeanor sale of precursor chemicals.</td>
</tr>
<tr>
<td>30.</td>
<td>Felony sale of precursor chemicals if committed more than five years before the date of applying for a Level 1 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 1 fingerprint clearance card.</td>
</tr>
<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 1 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 1 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>
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<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 1 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>
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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 1 fingerprint clearance card.</td>
</tr>
<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 1 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>
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<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 1 fingerprint clearance card.</td>
</tr>
<tr>
<td>56.</td>
<td>Criminal damage.</td>
</tr>
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<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>
</tr>
<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 1 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>
</tr>
</tbody>
</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.
ARIZONA DEPARTMENT OF CHILD SAFETY
CONSENT TO RELEASE INFORMATION FOR EMPLOYMENT PURPOSES

Are you or 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, what was the allegation, when was the investigation(s) conducted and where was the investigation(s) conducted?

I, ____________________________________________, authorize the Arizona Department of Child Safety to obtain DCS information directly related to a substantiated or pending report of abuse or neglect against me as found on the Central Registry, or on similar registries in other states. I understand this information is to be used solely for employment purposes and shall be maintained in a confidential manner. This information will not be disclosed to unauthorized persons. I authorize the use of my Social Security Number, date of birth and aliases for this purpose.

Applicant/Employee's Name ________________________________ Social Security Number ________________________________

Aliases (other names used, maiden, nicknames, etc.) ________________________________

Applicant/Employee's Signature ________________________________ Date ________________________________

For HR use only

Report Found? □ Yes □ No □ If yes, please attach a copy of Child Safety Report. Date of Search ________________________________

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

Central Registry Search Conducted By ________________________________ Date ________________________________

Equal Opportunity Employer/Program - Under Title 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, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. 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 office; TTY/ TDD Services 7-1-1. Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.