

CONFIDENTIAL
 DEPARTMENT OF JUVENILE JUSTICE - OFFICE OF THE INSPECTOR GENERAL
 BACKGROUND SCREENING UNIT
REQUEST FOR CLEARINGHOUSE SCREENING
 INITIAL SCREENING, AGENCY REVIEW AND RESUBMISSIONS

FOR PROVIDER **EMPLOYMENT**

- Detention Residential Probation Prevention Research
 Other _____

Check this box if the applicant is or was a Florida law enforcement officer or certified officer with the Department of Corrections

A. Last Name _____	First Name _____	Full Middle Name _____	Maiden/Alias _____
Social Security #: _____	Race/Sex: _____	DOB: _____	Screening Request ID# _____
Driver's License #: _____	Email Address: _____		

B. TO BE COMPLETED BY REQUESTOR		
Requestor's Name (Contact Person) _____	Telephone Number & Ext. # _____	Fax Number _____
Office/Facility/Program Name _____	Email Address: _____	

C. FOR BSU PERSONNEL USE ONLY
Providers must check the Clearinghouse Portal for Results and click the "Public Rap Sheet" button to view the applicant's Florida criminal record.

Apply for EXEMPTION Applicant CAN Applicant CANNOT

DHSMV records can be check by visiting <http://www.hsmv.state.fl.us>.

Eligibility Determination: **Eligible** **Not Eligible**

Florida Criminal Record:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Judicial Inquiry System:	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
Hot File: *warrant- protection order-probation	<input type="checkbox"/>	Yes (See Applicant)	<input type="checkbox"/>	No	
Hot File –Identified Risk: *Violent Felony Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator	<input type="checkbox"/>	Yes (See Rap Sheet)	<input type="checkbox"/>	No	
Subject of DJJ Reportable Incident:	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	
Automated Training Management System (ATMS):	<input type="checkbox"/>	Yes (Attached)	<input type="checkbox"/>	No	<input type="checkbox"/> N/A

COMMENTS:

Signature of Screener: _____ Date: _____

Signature of Reviewer: _____ Date: _____