



Youth & Family Services Division

DJJ Background Screening

Attention Applicants:

Attached are the forms you will need in order to complete the DJJ Background Screening. Instructions on how to complete the fingerprint card along with a list of locations where fingerprinting is available is enclosed.

Please complete this packet in its entirety and return it with the following:

- A. Legible copy of your driver's license.**
- B. Legible copy of your social security card.**

Please feel free to contact the Community Relations staff at (407) 836-8938 if you have any questions and/or encounter any problems when completing these forms.

Sincerely,

Community Relations
Youth & Family Services Division
1718 E. Michigan Street
Orlando, FL 32806

/ag
Enclosures (10)

Updated – 05/8/06



Youth & Family Services Division

DEPARTMENT OF JUVENILE JUSTICE BACKGROUND SCREENING

***Please place a copy of your driver's license and social security card in the space provided below.**

CONFIDENTIAL
DEPARTMENT OF JUVENILE JUSTICE - OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT

REQUEST FOR LIVE SCAN BACKGROUND SCREENING

FOR CONTRACTED PROVIDERS ONLY

___ Detention ___ Residential ___ Probation ___ Prevention Contract/Grant **Date Submitted:** _____

A. Last Name _____ First Name _____ Full Middle Name _____ Maiden _____
Position Applied for: _____
Social Security Number: _____ Driver's License Number: _____

B. TO BE COMPLETED BY REQUESTOR		
Requestor's Name (Contact Person)	Telephone Number & Ext #	Fax Telephone Number
Allie Garcia	407-836-8938	407-836-8929
Office/Facility/Program Name	Orange County Youth & Family Services Division	
E-Mail Address: allie.garcia@ocfl.net		

I hereby authorize the Department of Juvenile Justice to check any records pertaining to my criminal history, driver's license history, and juvenile criminal history pursuant to Sections 39.001 and Chapters 435, 984, and 985, Florida Statutes. I further authorize any law enforcement agency to release to the Department of Juvenile Justice information regarding convictions/dispositions under Florida Statutes or statutes of other jurisdictions. I understand that as a criminal justice agency, the Department of Juvenile Justice has access to all criminal records, even those that have been sealed or expunged. This consent applies to any and all future screenings and/or re-screenings conducted by the Department of Juvenile Justice. I understand that once submitted, my fingerprints will be retained by FDLE while I am employed at DJJ and if arrested, the arrest will be reported directly to DJJ by FDLE.

Applicant's Signature Date

C. Note: FCIC/NCIC checks are conducted through the Florida Department of Law Enforcement.

___ Eligible (Applicant has never been arrested, has arrests that were never prosecuted, or has adjudications for offenses not listed in Chapter 435, Florida Statutes.)

___ Ineligible (Applicant has been adjudicated on an offense listed in Chapter 435, Florida Statutes.)

This Applicant CAN ___ CANNOT ___ apply for an Exemption Hearing.

DHSMV records have not been checked. This can be done at <http://www.hsmv.state.fl.us>.

Public Criminal Record: ___ Yes (Attached) ___ No TCN#: _____

Red Flag: ___ Yes (Attached) ___ No

COMMENTS: _____

Signature of Screener: _____

Date: _____

Signature of Reviewer: _____

Date: _____

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL
BACKGROUND SCREENING UNIT**

CRIMINAL HISTORY ACKNOWLEDGEMENT

Name: _____

Date: _____

Have you ever been arrested or charged with a crime? _____ Yes _____ No

If yes, continue with this form. If no, sign the form on the last page.

Please check the appropriate section below:

_____ In reference to the arrests or charges, I either plead no contest, plead guilty, was found guilty, or was declared a delinquent to a criminal offense (misdemeanor or felony) either as a juvenile or an adult. This includes cases where adjudication was withheld. This also includes cases that were sealed or expunged.

_____ I have been arrested or charged but all of the charges were dropped or the cases were not prosecuted. This includes cases where I went through a pre-trial intervention program.

Please review the following list. Place a check mark next to the offenses that you were arrested for or charged with. The offense you were arrested for or charged with may not be on this list. Please list them at the end if they are not included.

If you place a check mark next to any of these, and these charges occurred within the last seven years, and certain of these charges were felonies, you will not be able to become employed and the application process will stop. If the charges are over seven years old, the matter can be reviewed further.

- _____ Sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- _____ Sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- _____ Adult abuse, neglect, or exploitation of aged person or disabled adults.
- _____ Domestic violence, as defined in Sections 741.28 and 741.30, F.S. (any crime of violence against a family/household member, including assault and battery).
- _____ Murder.
- _____ Manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- _____ Vehicular homicide.
- _____ Killing of an unborn child by injury to the mother.
- _____ Assault, if the victim of the offense was a minor (applicable even if you were a minor).
- _____ Aggravated assault.
- _____ Battery, if the victim of the offense was a minor.
- _____ Aggravated battery.
- _____ Assault or battery of law enforcement officers, firefighters, emergency medical care providers, public transit employees or agents, or other specified officers.
- _____ Battery on a detention or commitment facility staff.
- _____ Kidnapping.
- _____ False imprisonment.
- _____ Taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.
- _____ Carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.
- _____ Exhibiting firearms or weapons within 1,000 feet of a school.
- _____ Possessing an electric weapon or device, destructive device, or other weapon on school property
- _____ Prohibited acts of persons in familial or custodial authority.
- _____ Sexual battery.

Initials: _____

- _____ Prostitution.
- _____ Lewd and lascivious behavior.
- _____ Lewdness and indecent exposure.
- _____ Arson.
- _____ Burglary.
- _____ Was the arrest/charge a _____ felony or _____ misdemeanor?
- _____ Theft, robbery, shoplifting, dealing in stolen property and related crimes.
- _____ Was the arrest/charge a _____ felony or _____ misdemeanor?
- _____ Fraudulent sale of controlled substances.
- _____ Was the arrest/charge a _____ felony or _____ misdemeanor?
- _____ Abuse, aggravated abuse, or neglect of an elderly person or disabled adult.
- _____ Lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.
- _____ Exploitation of an elderly person or disabled adult.
- _____ Was the arrest/charge a _____ felony or _____ misdemeanor?
- _____ Incest.
- _____ Child abuse, aggravated child abuse, or neglect of a child.
- _____ Contributing to the delinquency or dependency of a child.
- _____ Negligent treatment of children.
- _____ Sexual performance by a child.
- _____ Resisting arrest with violence.
- _____ Depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.
- _____ Aiding in an escape.
- _____ Aiding in the escape of juvenile inmates in correctional institutions.
- _____ Obscene literature.
- _____ Encouraging or recruiting another to join a criminal gang.
- _____ Drug abuse prevention and control (this includes charges of possession of controlled substances, the sale of controlled substances, intent to sell controlled substances, trafficking in controlled substances, and possession of drug paraphernalia, etc.).
- _____ Was the charge/arrest a _____ felony or _____ misdemeanor?
- _____ Sexual misconduct with certain forensic clients and reporting of such sexual misconduct.
- _____ Inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.
- _____ Escape.
- _____ Harboring, concealing, or aiding an escaped prisoner.
- _____ Introduction of contraband into a correctional facility.
- _____ Sexual misconduct in juvenile justice programs.
- _____ Contraband introduced into detention facilities.
- _____ Domestic violence as defined in section 741.30, F.S.

Listed below are the charges that I have been arrested for or were filed against me that were not listed above:

I understand I must acknowledge the existence of any criminal charges relating to the above list, regardless of whether or not the records have been sealed or expunged. I understand that I am also obligated to notify my employer of any offenses that occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

 Printed Name of Applicant

 Signature of Applicant