

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Office of Licensing, Certification and Regulation

CHILD WELFARE AGENCY EMPLOYEE CENTRAL REGISTRY		REPORTING AGENCY	
EMPLOYEE'S NAME (Last, First, M.I.)		BIRTHDATE	SOC. SEC. NO.
<input type="checkbox"/> New Hire <input type="checkbox"/> Rehire <input type="checkbox"/> Volunteer			
DATE EMPLOYED	DATE FINGERPRINTED	POSITION	
EDUCATION/TRAINING (List all degrees and/or certifications held)			

EXPERIENCE

<input type="checkbox"/> Separation	DATE OF SEPARATION	REASON FOR SEPARATION	ELIGIBLE FOR REHIRE
			<input type="checkbox"/> Yes <input type="checkbox"/> No

This completed form is to be submitted to OLCR within 5 business days of the employee's dates of hire and separation.

FOR DES USE ONLY	
DATE RECEIVED	DATE CCTS CHECKED
CPS HISTORY Has a CPS history <input type="checkbox"/> Yes <input type="checkbox"/> No Date checked:	FCC#
	FCC EXPIRATION DATE
DATE AGENCY NOTIFIED, IF APPLICABLE	DATE ENTERED INTO CWL DATABASE
MISC	

Routing: Copy – OLCR Agency File, Copy – Child Welfare Agency File

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 of 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/TTD Services: 7-1-1.