Georgia Department of Early Care and Learning

All applicable "YELLOW HIGHLIGHTED" areas must be completed by APPLICANT

FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT:
(Please read instructions on the following pages before completing this application.)

1. **APPLICANT/EMPLOYEE TYPE:** Select-->

2. **PROGRAM TYPE:** Select-->

Date of Hire: _____

3. **PRINT FULL NAME:** _____ _____
LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

Select--> GENDER | Select--> RACE | SOCIAL SECURITY NUMBER | **CITY/STATE/COUNTRY OF BIRTH

' " HEIGHT | WEIGHT | Select--> EYE COLOR | Select--> HAIR COLOR | (_____) HOME TELEPHONE NUMBER

(_____) CELL PHONE NUMBER | PERSONAL E-MAIL ADDRESS

HOME ADDRESS: STREET CITY STATE ZIP

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. In the past five years, have you resided in a state other than Georgia, a US territory or tribal land? ☐ NO ☐ YES

IF YES, LIST ALL: _____
LIST CITY, STATE & LAST MONTH/YEAR FOR ALL

5. *I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning (DECAL) to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States, its territories or tribal lands. I authorize DECAL to conduct a search of the National Sex Offender Registry, the child abuse/neglect registry of Georgia and of any state in which I have resided within the past five years. I further authorize DECAL to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature for the criminal history release and that Georgia law authorizes DECAL to require additional records checks when the department has reason to believe that I have a record that renders me ineligible to have contact with children in the center or during the course of an investigation.*

APPLICANT'S SIGNATURE | DATE

6. **TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:**

NAME OF PROGRAM | PROVIDER NUMBER

PROGRAM STREET ADDRESS | CITY, STATE, ZIP

PROGRAM MAILING ADDRESS | CITY, STATE, ZIP

7. **My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.**

DATE | PROGRAM TELEPHONE NUMBER

NAME (PRINTED)

EMAIL TO:

Linwood Stewart <linwood.stewart@decal.ga.gov>
CRC Group <crcgroup@decal.ga.gov>

Revised 09/19/2016
Revised 10/01/2023