

Application for Employment

Changing Lives Group

3049 Cleveland Avenue Suite 215

Fort Myers, FL, 33901

changinglivesgrouphr@gmail.com

239.267.1224

Changing Lives Group, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a bias prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Personal Information

Name	
Address	
City, State, Zip code	
Telephone number	
Email address	

Employment Position

Position you are applying for:	
How did you hear about this position?	
Date available to start:	
Number of hours desired:	
Salary desired:	
Are you 18 years of age or older?	
Are you a U.S. citizen or approved to work in the U.S.?	

Previous Employment

Employer Name			
Address			
Phone number			
Supervisor			
Job title			
Reason for leaving			
Start date		End date	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name			
Address			
Phone number			
Supervisor			
Job title			
Reason for leaving			
Start date		End date	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name			
Address			
Phone number			
Supervisor			
Job title			
Reason for leaving			
Start date		End date	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

	Name	Location	Years Attended	GPA	Did you graduate?
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College or University					<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical School					<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications/Skills:

Please list any additional certifications or skills you possess: _____

At-Will Employment: The relationship between you and Changing Lives Group, LLC is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause or notice, by you or CLG, LLC. No representative of CLG, LLC has authority to enter into any agreement foregoing the “employment at will” relationship. You understand that your employment is at will and you acknowledge that no oral or written statements can alter your at-will status except if signed by the CLG owner.

Applicant Signature: _____ **Date:** _____

Changing Lives Group, LLC

Availability Worksheet

Name: _____

Please list below the hours that you are available to work, if you are able to work only certain hours during a timeframe then please list those hours:

	Morning (7am-11am)	Afternoon (11am-5pm)	Evening (5pm-11pm)	Overnight (11pm-7am)
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

When filling out this form please remember that this does not commit you to work these hours. It is simply a guide to assist our office staff with matching the client to the best caregiver. If you are able to work a portion of a particular segment please specify.



PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

Employee/Contractor Name (Printed)

Employee/Contractor Signature

Date



Care Provider Background Screening Clearinghouse Background Screening Request Form

You have applied for a position with a health care and/or service provider regulated by a specified agency in the Care Provider Background Screening Clearinghouse (Clearinghouse) that requires a fingerprint-based background check. As a health care and/or service provider regulated by a specified agency in the Clearinghouse we may conduct a search for an existing background screening result or submit a new background screening request through the Clearinghouse results website on your behalf.

In order to complete the search and/or background screening request we must collect the following information. This information is required by the Clearinghouse, the Florida Department of Law Enforcement, and the Federal Bureau of Investigation.

Please provide the following information:

Applicant Information

*First Name: _____
Middle Name: _____
*Last Name: _____
Aliases: _____
*SSN: _____
*Date of Birth: _____
*Place of Birth: _____

Demographics

*Sex: _____
*Race: _____
*Hair Color: _____
*Eye Color: _____
*Height: _____
*Weight: _____

Contact Information

*Address Line 1: _____
Address Line 2: _____
*City: _____
*State: _____
*Zip: _____
County _____
Prior States: _____
Email: _____
Phone: _____

*Denotes Required Fields

ATTESTATION OF GOOD MORAL CHARACTER

Updated July 29, 2024

Employee/Contractor Name:
Health Care Provider/Employer Name:
Address of Health Care Provider:

By signing this form, I affirm and attest that I meet the Moral Character requirements for employment as required pursuant to Chapter 435, Florida Statutes, and Section 393.0655, Florida Statutes.

I have not been arrested with disposition pending or found guilty of regardless of adjudication or entered a plea of nolo contendere (no contest) to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below.

Criminal offenses found in section 435.04, F.S.

- (a) Section 39.205, relating to the failure to report child abuse, abandonment, or neglect.
- (b) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.
- (c) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.
- (d) Section 414.39, relating to fraud, if the offense was a felony.
- (e) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.
- (f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
- (g) Section 782.04, relating to murder.
- (h) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.
- (i) Section 782.071, relating to vehicular

homicide.

- (j) Section 782.09, relating to killing of an unborn child by injury to the mother.
- (k) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.
- (l) Section 784.011, relating to assault, if the victim of the offense was a minor.
- (m) Section 784.021, relating to aggravated assault.
- (n) Section 784.03, relating to battery, if the victim of the offense was a minor.
- (o) Section 784.045, relating to aggravated battery.
- (p) Section 784.075, relating to battery on staff of a detention or commitment facility or on a juvenile probation officer.
- (q) Section 787.01, relating to kidnapping.
- (r) Section 787.02, relating to false imprisonment.
- (s) Section 787.025, relating to luring or enticing a child.
- (t) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody

proceedings.

(u) Section 787.04(3), relating to 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.

(v) Section 787.06, relating to human trafficking.

(w) Section 787.07, relating to human smuggling.

(x) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(y) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(z) Section 794.011, relating to sexual battery.

(aa) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(bb) Section 794.05, relating to unlawful sexual activity with certain minors.

(cc) Section 794.08, relating to female genital mutilation.

(dd) Chapter 796, relating to prostitution.

(ee) Section 798.02, relating to lewd and lascivious behavior.

(ff) Chapter 800, relating to lewdness and indecent exposure.

(gg) Section 806.01, relating to arson.

(hh) Section 810.02, relating to burglary.

(ii) Section 810.14, relating to voyeurism, if the offense is a felony.

(jj) Section 810.145, relating to video voyeurism, if the offense is a felony.

(kk) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(ll) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(mm) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(nn) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(oo) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(pp) Section 826.04, relating to incest.

(qq) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(rr) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(ss) Former s. 827.05, relating to negligent treatment of children.

(tt) Section 827.071, relating to sexual performance by a child.

(uu) Section 831.311, relating to the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances.

(vv) Section 836.10, relating to written or electronic threats to kill, do bodily injury, or conduct a mass shooting or an act of terrorism.

(ww) Section 843.01, relating to resisting arrest with violence.

(xx) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(yy) Section 843.12, relating to aiding in an escape.

(zz) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(aaa) Chapter 847, relating to obscene literature.

(bbb) Section 859.01, relating to poisoning food or water.

(ccc) Section 873.01, relating to the prohibition on the purchase or sale of human organs and tissue.

(ddd) Section 874.05, relating to encouraging or recruiting another to join a criminal gang.

(eee) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(fff) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(ggg) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(hhh) Section 944.40, relating to escape.

(iii) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(jjj) Section 944.47, relating to introduction of contraband into a correctional facility.

(kkk) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(lll) Section 985.711, relating to contraband introduced into detention facilities.

435.04(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

Section 393.0674(2), felony offenses for the release or use of information from juvenile records of the Agency for Persons with Disabilities for any purpose other than screening for employment.

Criminal Offenses listed in section 393.0655 (5), F.S.

(a) Any authorizing statutes, if the offense was a felony.

(b) This chapter, if the offense was a felony.

(c) Section 409.920, relating to Medicaid provider fraud.

(d) Section 409.9201, relating to Medicaid fraud.

(e) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.

(f) Section 817.234, relating to false and fraudulent insurance claims.

(g) Section 817.505, relating to patient brokering.

(h) Section 817.568, relating to criminal use of personal identification information.

(i) Section 817.60, relating to obtaining a credit card through fraudulent means.

(j) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.

(k) Section 831.01, relating to forgery.

(l) Section 831.02, relating to uttering forged instruments.

(m) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.

(n) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.

The following acknowledgements apply to all Direct Service Providers and/or Employees, Contract Providers, and Volunteers. Please initial each statement.

_____ I affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

_____ I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged.

_____ I understand that, while employed or volunteering in any position that requires an APD background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest, any notice of possible criminal prosecution including any violation or infraction mandating a court appearance. Reporting must be done immediately if during normal working hours or immediately the next business day if after normal working hours.

ONE OF THE FOLLOWING STATEMENTS MUST BE SIGNED:

I attest that I have read the above carefully and state that my attestation here is true and correct and that my record **does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements to the background screening standards set forth in Chapter 435 and Section 393.0655.

Signature of Affiant

Date

-----OR-----

My record **contains one or more of the applicable disqualifying** acts or offenses listed above.

Signature of Affiant

Date

Note: If you have previously been granted an APD exemption for this disqualifying offense, a copy of the APD exemption letter must be attached.

-----OR-----

(proceed to next page)

I am a licensed physician, licensed nurse, or other professional licensed and regulated by the Department of Health. I will be **holding a position that is within the scope of my licensed practice**, and I am not subject to the screening provisions of section 393.0655, Florida Statutes.

Signature of Affiant

Date

(Position for Provider/Employer listed on pg. 1)

Changing Lives Group-Requirements for Caregivers

You must have the following items submitted to Changing Lives Group before you are able to begin working with a client:

If submitting via email, please send to: changinglivesgrouphr@gmail.com

- Application packet provided by CLG
- Valid Driver's License
- Social Security Card or Proof of authorization to work in the U.S.
- High School Diploma/GED or College Transcripts
- Valid Car Insurance
- Valid Car Registration
- Local Background Check-can be obtained at your local sheriff's department
- Clearinghouse Level 2 Background Check
 - Once you have applied and been offered the position, CLG will set you up to go get fingerprinted through an AHCA approved vendor. The cost to you is anywhere from \$60-\$90 and can be paid online during registration or at the time of fingerprinting. If you have already been fingerprinted there will be no charge.
- CPR/First Aide Certification
 - Courses endorsed by the American Red Cross or the American Safety and Health Institute live classroom training only. **Online courses do not meet this requirement.**
 - The following people provide this training in the Fort Myers area. Please feel free to choose either trainer:
 - Marc Forman \$65 for both CPR and First Aide. Please call him directly for available classes at 239-357-7970.
 - Melinda Latham \$50 for both CPR and First Aide. Please call her directly for available classes at 239-634-3872.
- Medication Administration 65G7 Certification and Validation
 - You may choose to sign a no medication pass waiver in place of this certification, but it will limit the clients you are able to work with.
 - The training will be scheduled on a as needed basis.
- The following certifications are available at no charge at <https://www.train.org/florida/home> :
 - Zero Tolerance Certification
 - Certificate can be found under my certificates once course is complete
 - Direct Core Competencies Certification
 - Certificate can be found under my certificates once course is complete
 - HIPAA Certification
 - Certificate will be emailed to you
 - HIV/AIDS 101: In the news
 - No certificate is generated, please send copy of your Train transcript
- Requirements for all Waiver Providers Certification

Changing Lives Group, LLC

Independent Contractor

Affidavit

State of Florida, County of _____, to with:

The undersigned,

_____,
whom resides at :

And whose federal identification/social security number is:

Being duly sworn, hereby states:

1. I am an independent contractor.
2. I understand that I do not have the right of recovery of worker's compensation from Changing Lives Group, LLC. pursuant to Chapter 440, Florida Statutes (2018). I have read section 440.02 (d), Florida Statutes (2019) and agree that I am an independent contractor as defined by the above referenced statute. (section 440.02 (d), Florida Statutes (2018)) is attached hereto as Exhibit A)
3. I have no employees.
4. I understand Changing Lives Group, LLC is not an employer or qualifying agent pursuant to Section 489.144, Florida Statutes (2018) and is not required to be a party to an insurance contract providing worker's compensation coverage pursuant to Chapter 440, Florida Statutes.
5. I understand that injury on the job, regardless of the cause of said injury, while providing a service under contract does not qualify me for workman's compensation benefits. I will use my personal health and liability insurance to cover my injuries. Changing Lives Group, LLC shall in no way be responsible for any injury or cost incurred.
6. As an independent contractor for Changing Lives Group, LLC I understand and agree that it is my responsibility to file a 1099 form with the IRS. I understand that Changing Live Group, LLC does not withhold taxes, social security, or Medicare. I understand there is no paid time and a half for hours worked over 40 hours a week. I understand that Changing Lives Group, LLC does not offer medical benefits to me as an independent contractor. If I choose to obtain medical benefits, it will be my financial responsibility.
7. I understand that if I use my personal vehicle or another private vehicle to offer transportation to the client, it is my responsibility to maintain the proper license and required insurance, per Florida Statutes, to cover any damages or personal injuries that may occur to myself, any client, or other passenger in said vehicle.

8. I understand that it will be my responsibility to acquire trainings, screenings, or background checks necessary as set forth by the Agency for Persons with Disabilities. If these trainings, screenings, or background checks have a fee, I understand that I am responsible to pay for any fees incurred in order to remain in compliance with the Agency for Persons with Disabilities.
9. I understand that if a client no longer wanted to use my services, or if I choose to end provision of services to a client, I am not eligible for unemployment compensation.
10. I understand that as an independent contractor, I may provide services through other agencies. If I provide services for more than one agency, I understand that it is my responsibility to schedule my time accordingly so one service does not interfere with another.

Signature _____

Printed Name _____

Subscribed and sworn before me, the undersigned Notary Public, by

_____ personally known to me or produced
identification _____

this _____ day of _____ 20_____.

Notary Public _____

Exhibit A: Section 440.02 (d), Florida Statutes (2018)

(d) "Employee" does not include:

1. An independent contractor who is not engaged in the construction industry.

a. In order to meet the definition of independent contractor, at least four of the following criteria must be met:

(I) The independent contractor maintains a separate business with his or her own work facility, truck, equipment, materials, or similar accommodations;

(II) The independent contractor holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor who is not required to obtain a federal employer identification number under state or federal regulations;

(III) The independent contractor receives compensation for services rendered or work performed, and such compensation is paid to a business rather than to an individual;

(IV) The independent contractor holds one or more bank accounts in the name of the business entity for purposes of paying business expenses or other expenses related to services rendered or work performed for compensation;

(V) The independent contractor performs work or is able to perform work for any entity in addition to or besides the employer at his or her own election without the necessity of completing an employment application or process; or

(VI) The independent contractor receives compensation for work or services rendered on a competitive-bid basis or completion of a task or a set of tasks as defined by a contractual agreement, unless such contractual agreement expressly states that an employment relationship exists.

b. If four of the criteria listed in sub-subparagraph a. do not exist, an individual may still be presumed to be an independent contractor and not an employee based on full consideration of the nature of the individual situation with regard to satisfying any of the following conditions:

(I) The independent contractor performs or agrees to perform specific services or work for a specific amount of money and controls the means of performing the services or work.

(II) The independent contractor incurs the principal expenses related to the service or work that he or she performs or agrees to perform.

(III) The independent contractor is responsible for the satisfactory completion of the work or services that he or she performs or agrees to perform.

(IV) The independent contractor receives compensation for work or services performed for a commission or on a per-job basis and not on any other basis.

(V) The independent contractor may realize a profit or suffer a loss in connection with performing work or services.

(VI) The independent contractor has continuing or recurring business liabilities or obligations.

(VII) The success or failure of the independent contractor's business depends on the relationship of business receipts to expenditures.

c. Notwithstanding anything to the contrary in this subparagraph, an individual claiming to be an independent contractor has the burden of proving that he or she is an independent contractor for purposes of this chapter.

2. A real estate licensee, if that person agrees, in writing, to perform for remuneration solely by way of commission.
3. Bands, orchestras, and musical and theatrical performers, including disk jockeys, performing in licensed premises as defined in chapter 562, if a written contract evidencing an independent contractor relationship is entered into before the commencement of such entertainment.
4. An owner-operator of a motor vehicle who transports property under a written contract with a motor carrier which evidences a relationship by which the owner-operator assumes the responsibility of an employer for the performance of the contract, if the owner-operator is required to furnish motor vehicle equipment as identified in the written contract and the principal costs incidental to the performance of the contract, including, but not limited to, fuel and repairs, provided a motor carrier's advance of costs to the owner-operator when a written contract evidences the owner-operator's obligation to reimburse such advance shall be treated as the owner-operator furnishing such cost and the owner-operator is not paid by the hour or on some other time-measured basis.
5. A person whose employment is both casual and not in the course of the trade, business, profession, or occupation of the employer.
6. A volunteer, except a volunteer worker for the state or a county, municipality, or other governmental entity. A person who does not receive monetary remuneration for services is presumed to be a volunteer unless there is substantial evidence that a valuable consideration was intended by both employer and employee. For purposes of this chapter, the term "volunteer" includes, but is not limited to:
 - a. Persons who serve in private nonprofit agencies and who receive no compensation other than expenses in an amount less than or equivalent to the standard mileage and per diem expenses provided to salaried employees in the same agency or, if such agency does not have salaried employees who receive mileage and per diem, then such volunteers who receive no compensation other than expenses in an amount less than or equivalent to the customary mileage and per diem paid to salaried workers in the community as determined by the department; and
 - b. Volunteers participating in federal programs established under Pub. L. No. 93-113.
7. Unless otherwise prohibited by this chapter, any officer of a corporation who elects to be exempt from this chapter. Such officer is not an employee for any reason under this chapter until the notice of revocation of election filed pursuant to s. 440.05 is effective.
8. An officer of a corporation that is engaged in the construction industry who elects to be exempt from the provisions of this chapter, as otherwise permitted by this chapter. Such officer is not an employee for any reason until the notice of revocation of election filed pursuant to s. 440.05 is effective.
9. An exercise rider who does not work for a single horse farm or breeder, and who is compensated for riding on a case-by-case basis, provided a written contract is entered into prior to the commencement of such activity which evidences that an employee/employer relationship does not exist.
10. A taxicab, limousine, or other passenger vehicle-for-hire driver who operates said vehicles pursuant to a written agreement with a company which provides any dispatch, marketing, insurance, communications, or other services under which the driver and any

fees or charges paid by the driver to the company for such services are not conditioned upon, or expressed as a proportion of, fare revenues.

11. A person who performs services as a sports official for an entity sponsoring an interscholastic sports event or for a public entity or private, nonprofit organization that sponsors an amateur sports event. For purposes of this subparagraph, such a person is an independent contractor. For purposes of this subparagraph, the term “sports official” means any person who is a neutral participant in a sports event, including, but not limited to, umpires, referees, judges, linespersons, scorekeepers, or timekeepers. This subparagraph does not apply to any person employed by a district school board who serves as a sports official as required by the employing school board or who serves as a sports official as part of his or her responsibilities during normal school hours.

12. Medicaid-enrolled clients under chapter 393 who are excluded from the definition of employment under s. 443.1216(4)(d) and served by Adult Day Training Services under the Home and Community-Based or the Family and Supported Living Medicaid Waiver program in a sheltered workshop setting licensed by the United States Department of Labor for the purpose of training and earning less than the federal hourly minimum wage.

13. Medicaid-enrolled clients under chapter 393 who are excluded from the definition of employment under s. 443.1216(4)(d) and served by Adult Day Training Services under the Family and Supported Living Medicaid Waiver program in a sheltered workshop setting licensed by the United States Department of Labor for the purpose of training and earning less than the federal hourly minimum wage.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division



PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.