

CONFIDENTIAL

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

**REQUEST FOR FIVE-YEAR CHECK (RESCREENING)
 FOR DJJ STATE EMPLOYEES & VOLUNTEERS**

Detention Residential Probation Prevention Administration Other _____

A. TO BE COMPLETED BY EMPLOYEE/VOLUNTEER

Last Name	First Name	Full Middle Name	Maiden/Alias
Race/Sex	DOB	People First ID	Current Job Title
Facility/Office		City	
Social Security Number	Driver's License Number & State	Agency Hire Date <i>(Must provide to calculate next Rescreen due date.)</i>	

B. TO BE COMPLETED BY REQUESTOR

Requestor's Name (Contact Person)	Telephone Number & Ext #	Fax Telephone Number
Office/Facility/Program Name and Mailing Address		
E-Mail Address	Date of Employee's Last 5-Year Rescreen	

C. FOR BSU PERSONNEL USE ONLY

Note: The applicant's fingerprints are submitted to the Florida and National Crime Information Centers (FCIC/NCIC). Criminal history reports are the result of fingerprint analysis conducted by the Florida Department of Law Enforcement and Federal Bureau of Investigations.

<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE/NOT ELIGIBLE <i>(Applicant has a disqualifying offense. Exemption is needed to continue in a position of special trust or responsibility.)</i>	<input type="checkbox"/> IDENTIFIED Non-Caretaker <i>(Applicant has a disqualifying offense but <u>will not</u> work in a position of special trust or responsibility.)</i>
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Apply for **EXEMPTION** Applicant **CAN** Applicant **CANNOT**

**Criminal history information provided is exempt from Chapter 119 and should not be disseminated further.*

Criminal Record	Yes (Attached)	No	TCN#: _____
Judicial Inquiry System:	Yes (See Applicant)	No	
Hot File: *warrant- protection order-probation	Yes (Attached)	No	
Hot File –Identified Risk: *Violent Felony Offender-Career or Habitual Offender- Sexual Offender- Sexual Predator	Yes (Attached)	No	

The next 5-Year Rescreen must be completed by: _____

Comments: _____

Signature of Screener _____ Date _____

Signature of Reviewer _____ Date _____