BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT: **COGENT Registration ID:**_____

(Please read instructions on the following pages before completing this application.)

1. **APPLICANT/ EMPLOYEE TYPE:**
   - ☐ Owner (present in facility)
   - ☐ Director/Provider
   - ☐ Employee – Teacher/Asst. Teacher
   - ☐ Employee - Other
   - ☐ Resident
   - ☐ Temporary/Substitute Caregiver
   - ☐ Independent Contractor
   - ☐ Volunteer
   - ☐ Student-In-Training (must submit proof of enrollment with this application)
   - ☐ Informal Provider

2. **PROGRAM TYPE:**
   - ☐ Child Care Learning Center
   - ☐ Family Child Care Learning Home
   - ☐ Exempt Program
   - ☐ Head Start Program
   - ☐ Support Center

Date of Hire: _____

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

   _____ _____ _____ _____
   GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

   _____ _____ _____ _____ (_____)_____
   HEIGHT WEIGHT EYE COLOR 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. <u>In the past five years, have you resided in a state other than Georgia, a US territory or tribal land?</u> ☐ NO ☐ YES

   IF YES, LIST 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 PROGRAM IDENTIFICATION 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.**

   _____ _____
   SIGNATURE DATE PROGRAM TELEPHONE NUMBER

   _____
   NAME (PRINTED)

<u>MAIL TO:</u>
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ATTENTION: RECORDS UNIT
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

FAXED APPLICATIONS WILL NOT BE ACCEPTED. SUBMIT APPLICATIONS THROUGH DECAL KOALA FOR FASTER PROCESSING.

Revised 09/19/2016