



FRIENDS COMMUNITY SCHOOL

5901 Westchester Park Drive
College Park, MD 20740
301.441.2100 ☎ fax: 301.441.2105
www.friendscommunityschool.org

Background Checks

for FCS, FCS Ex-Day and FCS Summer Camp

Maryland state law requires FCS to obtain a background check for all people working with children.

If you have had a full *Child Care Criminal History Record Check* within the past 365 days, you may just complete and return the “365-Day Request...” form (available online at: <http://phpa.dhmd.maryland.gov/OEHFP/CHS/Shared%20Documents/365-day-form.pdf>)

If you have **not** had this background check within 365 days, a new one must be obtained by being fingerprinted at the Biometrics Identity Verification System.

Biometrics Identity Verification System

5010 Sunnyside Avenue #300

Beltsville, MD 20705

301-477-3210

Currently, the Biometrics Identity Verification System provides this service **Monday** through **Friday**, from **9 a.m.** to **7:00 p.m.**, and **Saturday**, from **10:00 a.m.** to **5:00 p.m.**

You must request the Child Care Criminal History background check, which includes both a full State and FBI background check. Biometrics Identity Verification System currently charges \$55.00 for this.

You must bring the Friends Community School authorization number with you at the time of fingerprinting: **9000026405**. This number informs the fingerprinting organization that the report should be sent to FCS.

If you will be working in Ex-Day at FCS: Your background check must *also* be provided to the Maryland Department of Education’s Office of Childcare. To do this, you must ALSO provide this **second Authorization Number: 1100000042.**

& Z-ORI: MD920523Z

FCS will reimburse you up to **\$60.00** for the cost of these services if you submit a receipt to the FCS Business Office. If you decide to use a police department other than the above Biometrics facility, we suggest that you call ahead and ask about the fee and the hours of availability.



LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name:					
Date of Birth:		Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Height: ft. in.	Weight: lbs.	Eye Color:	Hair Color:		
Race/Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Place of Birth:			Citizenship:		
Street Address:					
City:				State:	Zip Code:
Phone Number:		Driver's License Number:		Email Address:	

REASON FOR REQUEST

INDIVIDUAL

Please select one of the following:

- Gold Seal/Adoption (Enter Authorization Number if applicable) _____
- Gold Seal/Letter/VISA
- Immigration/VISA
- Individual Challenge
- Individual Review
- Attorney/Client (Written Authorization Required)

Mailing Information:

Name:			
Street Address:			
City:		State:	Zip Code:

AGENCY

Please select from the following (*ORI Required):

- | | | |
|---|---|---|
| <input type="checkbox"/> Adult Dependent Care | <input type="checkbox"/> Government Employment* | <input type="checkbox"/> Private Party Petition** |
| <input type="checkbox"/> Child Care* | <input type="checkbox"/> Government Licensing or Certification* | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Criminal Justice* | <input type="checkbox"/> Maryland State Police Licensing* | |

Agency Authorization Number:		
*ORI Number:		
**Position Applied:		