

Criminal History Background Check: Basic Form

- Applicant will [Download PDF and Print](#)
- Maryland state law requires FCS to obtain a background check for all people working with children.
- This form should be filled out in advance before being fingerprinted at a valid fingerprinting service.
- FCS Summer Camp only requires the FCS authorization number (not Office of Childcare)
 - 9000026405 (pre-filled in the download)



LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION

Please type or print legibly.

Name: _____

Date of Birth: _____ Social Security Number: _____ Gender: Male Female

Height: _____ ft. _____ in. Weight: _____ lbs. Eye Color: _____ Hair Color: _____

Race/Ethnicity: Black White Asian/Pacific Islander Native American 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):

- Adult Dependent Care
- Child Care*
- Criminal Justice*
- Government Employment*
- Government Licensing or Certification*
- Maryland State Police Licensing*
- Private Party Petition**
- Public Housing

Agency Authorization Number:

9000026405

ORI Number:

MD004455Y

ORI Position Applied:

Youth Camp Worker

Criminal History Background Check: 365-Day Form

- **Alternative:** 365-Day Form
 - **Disregard this page** if you have not gotten a criminal history background check within the past year.
- 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.
- **Request and await a Document Signature Request from the Camp Director**



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CENTRAL REPOSITORY
P.O. BOX 32708
PIKESVILLE, MD. 21202-2708

365 DAY REQUEST FOR CHILD CARE CRIMINAL HISTORY RECORD CHECK

NAME: _____
(Last) (First) (MI)

ADDRESS: _____
(Number) (Street) (P.O. Box)

(City) (State) (Zip Code)

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

THE REFERENCE NUMBER FROM YOUR MOST RECENT CHILD CARE APPLICATION FOR A FINGERPRINT SUPPORTED CRIMINAL HISTORY RECORD CHECK (the check must have occurred within the past 365 days).

_____ (12 DIGIT NUMBER)

I hereby give my consent for requested Child Care Criminal History Information to be forwarded to the employer listed below.

SIGNATURE OF EMPLOYEE: DATE:

TO BE COMPLETED BY NEW EMPLOYER: Please list complete mailing address.

Friends Community School
(EMPLOYER NAME)
5901 Westchester Park Drive
(ADDRESS)
College Park Maryland 20740
(CITY) (STATE) (ZIP CODE)

AUTHORIZATION NUMBER: 9000026405

AUTHORIZED SIGNATURE:

DATE:

MAIL TO: CJIS CENTRAL REPOSITORY, P.O. BOX 32708, PIKESVILLE, MD. 21202-2708
Customer Assistant Desk: (410) 764-4331 Fax#: 410-653-5690 Alt. Fax#: 410-653-6320

FOR CJIS CENTRAL REPOSITORY USE ONLY

This request can not be processed because:
_____ this is not a valid reference number
_____ this is not a valid authorization number
_____ this reference number has not been received at the Central Repository
_____ this authorization number is not approved for this request.
_____ the application associated with this reference number was received more than 365 days before receipt of this request.
_____ requested information is not completed