

**DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF THE INSPECTOR GENERAL**

REQUEST FOR FINAL SCREENING CHECK

A. TO BE COMPLETED BY EMPLOYEE/VOLUNTEER/INTERN

LAST NAME	FIRST NAME	FULL MIDDLE NAME	MAIDEN/PRIOR	ALIASES
CURRENT ADDRESS		CITY	STATE ZIP CODE	CITY & STATE OF BIRTH
RACE	SEX	DATE OF BIRTH	HEIGHT	COLOR OF EYES
			COLOR OF HAIR	CURRENT POSITION
SOCIAL SECURITY NUMBER			DRIVER'S LICENSE NUMBER & STATE	
			CARETAKER/DIRECT CONTACT POSITION	
			YES _____ NO _____	

B. TO BE COMPLETED BY REQUESTOR (In its Entirety)

DATE SUBMITTED: _____

(Check - <u>One Required</u>)	(Which Functional Area of DJJ Do You Report? Check - <u>One Required</u>)	
<input type="checkbox"/> DJJ Facility	<input type="checkbox"/> Prevention & Victim Services	<input type="checkbox"/> Detention
<input type="checkbox"/> Grant Recipient	<input type="checkbox"/> Probation & Community Corrections	<input type="checkbox"/> Administration
<input type="checkbox"/> Provider Facility	<input type="checkbox"/> Residential & Correctional Facilities	<input type="checkbox"/> All Others
TO BE COMPLETED BY REQUESTOR (In its Entirety)		ORG CODE: _____
Requestor's Name (Contact Person)	Telephone Number & Ext #	FAX Number
Office/Facility/Program Name	Complete Mailing Address	
E-Mail Address: _____		

C. RATING SECTION – TO BE COMPLETED BY THE BACKGROUND SCREENING UNIT

1. OVERALL RATING: FAVORABLE _____ **NON-DISQUALIFYING*** _____ **DISQUALIFYING**** _____ **NOT RATED** _____

* See Department of Juvenile Justice Statewide Procedure on Background Screening, Appendix 8 for appropriate action to take.

** This Applicant IS _____ IS NOT _____ eligible for an Exemption Hearing..

COMMENTS _____

SIGNATURE OF SCREENER _____

DATE _____

Each item in the form must be filled out completely and legibly. Failure to do so may result in the form being returned to the Requestor, with consequent delay. Both DJJ and Provider agencies will submit the completed form to: DEPARTMENT OF JUVENILE JUSTICE, OFFICE OF THE INSPECTOR GENERAL, BACKGROUND SCREENING UNIT, 2737 CENTERVIEW DRIVE, TALLAHASSEE, FL 32399-3100. The Request for Final Screening packet must be submitted to the Background Screening Unit no later than five working days from the employee's date of hire.