

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY TO, OR ADMITTED TO ANY VIOLATION OF CRIMINAL LAW OR HAD A WITHHELD JUDGEMENT FOR ANY CRIME COMMITTED: _____

IF YES, PROVIDE DATE, VIOLATIONS, AND LOCATION OF OFFENSE BELOW. USE A SEPARATE SHEET, IF NECESSARY

ARE YOU CERTIFIED IN CPR? YES _____ NO _____
HAVE YOU RECEIVED FORMAL FIRST AID TRAINING? YES _____ NO _____

IF YOUR ANSWER IS NO, YOU MUST BE CERTIFIED/RECEIVED TRAINING WITHIN 30 DAYS FROM DATE OF HIRE OR COMMENCEMENT OF OPERATION OR YOUR LICENSE WILL BE REVOKED. DO YOU UNDERSTAND THIS REQUIREMENT? YES _____ NO _____

I HEREBY CERTIFY THAT THERE ARE NO MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS OF THE FOREGOING STATEMENTS OR ANSWERS. EACH AND ALL OF THE STATEMENTS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I FURTHER AGREE AND CONSENT IN ADVANCE TO HAVING MY LICENSE REVOKED WITHOUT CAUSE OR HEARING IF ANY OF THE ABOVE INFORMATION CONTAINS ANY MISREPRESENTATION OR FALSIFICATION OR IF ANY MATERIAL INFORMATION HAS BEEN OMITTED

I HAVE REVIEWED AND UNDERSTAND THE CITY ORDINANCE 5.30, CHILDREN GROUP TREATMENT CENTERS, AND AGREE TO ADHERE TO THE RULES AND REGULATIONS SET FORTH IN THAT CHAPTER AS WELL AS ALL OTHER APPLICABLE LAWS.

SIGNATURE OF APPLICANT _____ Date _____

******* CITY USE ONLY BELOW*******

RECORDS CHECK COMPLETED BY: _____ DATE _____

Local: Yes No Attached ISTARs: Yes No Attached

IHOT: Yes No NCIC: Yes No D.L. Valid: Yes No

New applicants only: H/W State Registry/Nurses Registry checks completed by: _____

New applicants only: Return from BCI-Fingerprints _____

RECOMMENDATION TO MAYOR /COUNCIL _____ APPROVE _____ DISAPPROVE

SIGNATURE OF POLICE _____ DATE _____

SIGNATURE OF CLERK _____ DATE _____

LICENSE # BL _____

LICENSE # PL _____

Idaho Department of Health and Welfare
AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize and direct the Idaho Department of Health and Welfare to conduct a name search to determine if I am listed on the Child Abuse and Neglect Central Registry as a person responsible for a substantiated case of abuse, abandonment, or neglect of a child or vulnerable adult.

I further authorize and direct the Idaho Department of Health and Welfare to release the results of this search of the Child Abuse and Neglect Central Registry to: THE POCA TELLO POLICE DEPARTMENT.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing. THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

Please Print – Complete spelling of the name is required – no initials		
Name:	Date of Birth:	Sex:
Maiden/Former Name/Aliases:	Social Security Number:	
Signature:		Date:

~This section to be completed by the authorized Idaho Department of Health and Welfare employee only~

Results of the search of the Idaho Child Abuse and Neglect Registry

- The above name **is not listed** in the Child Abuse and Neglect Central Registry.
- The above name **is listed** in the Child Abuse and Neglect Central Registry as having abused or neglected a child.
- Other-See attached correspondence for additional information.

 Signature of Authorized UDHW Employee

 Date