



Fingerprint Based Criminal History Check Form

Fingerprint Request Form

VPK Provider Request

A fingerprint check is requested from adult persons who have not been licensed and thoroughly screened by the Department of Children and Families. This is to safeguard that a child is not left in the care of someone who may have criminal charges found in Florida Statute 435.045 or any other charges which may indicate a potential risk to a child.

By signing this form and being fingerprinted, you understand that your criminal history will be checked with the Federal Bureau of Investigation (FBI) and you are certifying that the information below is correct.

PLEASE PRINT

Employee Name: _____ AKA: _____

Nickname/Maiden Name: _____

Date of Birth: _____ Social Security #: _____

Race: _____ Sex: _____

Place of Birth: _____

Address: _____

Color of Eyes: _____ Color of Hair: _____

Height: _____ Weight: _____

Employee Signature: _____ Date: _____

Facilities Name: _____ **Phone:** _____

Supervisor's Signature: _____ **Date:** _____