



City License No.: _____

Entered: _____

H & W Mailed: _____

H & W Received: _____

Approved/Denied By and Date: _____

APPLICATION FOR ON-SITE NON-PROVIDER CERTIFICATION

Application Fee: \$20
Fingerprint Fee: \$45
Consent to Release: \$20

Receipt No.: _____

Applicant Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Residence Address: _____
Street City Zip

Mailing Address: _____
(If Different from Above) Street City Zip

Email: _____

Telephone Number: _____ Alternate Telephone Number: _____

Other Names and Nicknames Known By (Including Maiden Name): _____

All Addresses for Immediate Past Five (5) Years (may continue on separate page): _____

Name of Child Care Facility Where Residing: _____

SELF DECLARATION STATEMENT

I hereby certify that by **my initials next to each statement** that the following has not occurred in Idaho or in any other State or U.S. Territory:

- _____ 1. Denial, revocation, or suspension of a Child Care Facility License, Child Care Worker License or other similar permit or license. If yes, explain when/circumstances: _____
- _____ 2. Outstanding warrants, receipt of a Withheld Judgment, or conviction or admission of the elements of any felony or misdemeanor crime. If yes, explain when/circumstances: _____
- _____ 3. Admitted to, been convicted of, or had a Withheld Judgment for any crime committed against children, child pornography or any offense involving sexual misconduct, pandering or prostitution. If yes, explain when/circumstances: _____
- _____ 4. Registered, failed to register, or required to register as a sex offender in the State of Idaho (as provided by Idaho Code Title 18, Chapter 83) or in any other State or U.S. Territory.
- _____ 5. Diagnosed by a Licensed Counselor, Psychologist, Psychiatrist, or court appointed examiner as a pedophile or a danger to children.
- _____ 6. Admitted to, been convicted of, or had a Withheld Judgment of any felony or misdemeanor crime involving the use of alcohol or the sale, possession, or use of drugs, including use or possession of drug paraphernalia. If yes, explain when/circumstances: _____

I hereby authorize the City of Idaho Falls, its Agents and Employees, to seek information and conduct an investigation related to the statements set forth in this application and any disqualifying event set out in Idaho Falls City Code Title 6, Chapter 3.

I hereby authorize any investigator, agent, or other duly appointed representative of the authorized Federal agency conducting my background investigation to receive any criminal history record information pertaining to me, which may be in the files of any Federal, State, or Local Criminal Justice Agency. I understand my fingerprint form may be provided to other Federal, State, or Local Agency in conjunction with the application process, and I consent to such disclosure.

THIS RECORD IS SUBJECT TO THE FOLLOWING USE AND DISSEMINATION RESTRICTIONS:

Under provisions set forth in Title 28, Code of Federal Regulations (CFR), Section 50.12, both governmental and non-governmental entities authorized to submit fingerprints and receive FBI Identification Records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI Identification Record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears on the FBI's CJIS Division Records System, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.

PRIVACY ACT STATEMENT:

The Privacy Act of 1974, 5 U.S.C. § 552a, Public Law No. 93-579, (Dec. 31, 1974) establishes a Code of Fair Information Practice that governs the collection, maintenance, use, and dissemination of personally identifiable information about individuals that is maintained in systems of records by federal agencies. A system of records is a group of records under the control of an agency from which information is retrieved by the name of the individual or by some identifier assigned to the individual. The Privacy Act requires that agencies give the public notice of their systems of records by publication in the Federal Register. The Privacy Act prohibits the disclosure of information from a system of records absent the written consent of the subject individual, unless the disclosure is pursuant to one of twelve statutory exceptions. The Act also provides individuals with a means by which to seek access to and amendment of their records, and sets forth various agency record-keeping requirements.

STATEMENT OF OATH

I swear or affirm that the statements contained in this application for an On-Site Non-Provider Certification are true and correct.

Signature of Applicant

Date

STATE OF IDAHO)
 : ss.
County of Bonneville)

On this _____ day of _____, in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

(SEAL)

Notary Public for the State of Idaho
Residing at _____, Idaho
My Commission Expires: _____

I, _____, Parent/Legal Guardian Name (Please Print) hereby give consent to the City of Idaho Falls to conduct an investigation into the minor applicant's qualifications to receive a City of Idaho Falls On-Site Non-Provider Certification as provided by the City of Idaho Falls City Code Title 6, Chapter 3. We understand that this investigation may include a criminal history inquiry, which we consent to.

Signature of Parent or Guardian(For Juvenile Worker Only)

Date: _____

STATE OF IDAHO)
 : s.
County of Bonneville)

On this _____ day of _____, in the year _____, before me the undersigned, a Notary Public, personally appeared _____ known or identified to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same.

(SEAL)

Notary Public for the State of Idaho
Residing at _____, Idaho
My Commission Expires: _____

DOCUMENTS TO BE DELIVERED AT TIME OF APPLICATION:

- 1- Picture identification evidencing the applicant's age.
- 2- A signed release to obtain the applicant's records from the Child Abuse Registry, if any.