



ORGANIZATION APPLICATION FOR
BACKGROUND SCREENING ACCOUNT

Date:	
Business/Organization Name:	
Contact Person:	
Email:	Telephone:
Controlling Agency Identifier/Customer ORI: <i>This number is provided by FDLE and identifies the agency requesting the criminal history check and for what purpose</i>	
Check one: <input type="checkbox"/> DCF <input type="checkbox"/> AHCA <input type="checkbox"/> ADP <input type="checkbox"/> VECHS <input type="checkbox"/> Other	
Originating Agency Case Number (if applicable): <i>This number is provided by DCF and identifies the DCF provider requesting the background check</i>	
Method of Payment:	
If Credit: Name of Credit Card:	
Credit Card Number:	
Expiration Date:	Security Code:
Credit Card billing address:	
Credit card billing phone:	
Please call to The Glades Initiative at 561-996-3310 to make appointments for individual employee or volunteer Level II Screenings. They must bring two form of ID – one a picture ID.	



Screening ID:

**DISCLOSURE TO EMPLOYEE/ VOLUNTEER REGARDING
PROCUREMENT OF LEVEL II BACKGROUND SCREEN**

In connection with your application for employment/volunteer work, we may procure a background report on you from the Florida Department of Law Enforcement as part of the process of considering your candidacy for employment/volunteer. In the event that the information from the report is used in whole or in part in making an adverse decision, we will provide you a copy of the report in writing upon request.

By your signature below, you hereby authorize us to obtain an FDLE report about you in order to consider you for employment/volunteer work.

The information below is requested from FDLE in order to complete the Level II Screen:

Date:	Phone:
Applicant Name:	
Date of Birth:	Country/State of Birth:
Height:	Weight:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: as requested by FDLE
Eye Color: as requested by FDLE	Hair Color: as requested by FDLE
Email Address:	
<input type="checkbox"/> Would you like to receive our weekly email newsletter, "The Glades Community Updates" outlining Glades specific community events, announcements, and information	
ID Checked: <input type="checkbox"/> Drivers Lic <input type="checkbox"/> Passport <input type="checkbox"/> Other, specify: _____	
We are required to check two forms of ID – one a picture ID	
Agency or Employer Name:	
ORI#	OCA#
For agency requiring background screening (i.e. DCF, ACHA, DOH)	For agency you are employed by or volunteering for

Applicant's Signature: _____ Date: _____

TCN:

Map to our Location for employees/volunteers coming for background screening appointments:

