



R'Club Child Care, Inc.
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LIVE SCAN ELECTRONIC FINGERPRINTING SERVICE
DCF Level II Background Screening Application

PLEASE ENTER/TYPE YOUR INFORMATION OR PRINT CLEARLY. ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS YOUR LEVEL II BACKGROUND CHECK THROUGH LIVE SCAN.

PLEASE PRINT AND BRING THIS FORM AND PHOTO I.D. WITH YOU TO YOUR SCHEDULED APPOINTMENT.

DEMOGRAPHIC INFORMATION

Name of Applicant: Last First MI
Alias/Maiden Name: Last First MI
Social Security Number: Date of Birth: yyyy/mm/dd
State of Birth (or country if born outside United States) Country of Citizenship
Email Address: Telephone #
Home/Residence Address:
City: State: Zip Code:

PERSONAL INFORMATION

Gender: Male Female Race:
Eye Color: Hair Color: Height: Weight:

LIVE SCAN PROCESSING NUMBERS

The below numbers must be provided by the employer, center or facility requesting your background check. PLEASE NOTE: The information is required in order to process your fingerprints.

OCA Number (Required):
TCR # (Required only if resubmission):

EMPLOYER INFORMATION

Employer Name:
Employer Contact Person (Name):
Employer Telephone Number: