

**Bright from the Start: Georgia Department of Early Care and Learning  
Records Check Application for CACFP Sponsors**

The following information is required by Gemalto to process the national fingerprint-based records check for Bright from the Start: Georgia Department of Early Care and Learning (DECAL) CACFP Sponsors that may perform any work at a child care facility on behalf of DECAL in compliance with O.C.G.A. § 20-1A-34(b). Please complete the application below, the Gemalto Applicant Processing Services Acknowledgement form and submit both forms with the CACFP application for participation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
SSN: \_\_\_\_\_ Gender: \_\_\_\_\_  
Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_  
Weight: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone No: \_\_\_\_\_ Personal Email: \_\_\_\_\_  
Personal Cell Phone No: \_\_\_\_\_

**In the past five years, have you resided in a state other than Georgia, a US territory or tribal land?  NO  YES**

**IF YES, LIST ALL:** \_\_\_\_\_

CACFP SPONSORS please provide the following additional information

Employer: \_\_\_\_\_ Contract/Grant/Agreement No: \_\_\_\_\_  
Employer Mailing Address: \_\_\_\_\_  
Employer/Grant Contact: \_\_\_\_\_ Employer Email: \_\_\_\_\_  
Employer Telephone Number: \_\_\_\_\_

**DECAL Division: Nutritional Services**

*I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning (DECAL) to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States, its territories or tribal lands. I authorize DECAL to conduct a search of the National Sex Offender Registry, the child abuse/neglect registry of Georgia and of any state in which I have resided within the past five years. I further authorize DECAL to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature for the criminal history release and that Georgia law authorizes DECAL to require additional records checks when the department has reason to believe that I have a record that renders me ineligible to have contact with children in the center or during the course of an investigation.*

\_\_\_\_\_  
Applicant Signature Date  
Legal Services Contact: John Gardner, Program Operations Specialist (404) 232-1836

<b>For DECAL Internal Use Only</b> Registration ID#: _____
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## Georgia Applicant Processing Services

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### Gemalto Applicant Processing Services Acknowledgement

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I authorize Gemalto, Inc. to conduct a fingerprint-based criminal history record check of me.

I understand that Gemalto, Inc., will send my fingerprints to the Georgia Crime Information Center for a search of criminal history information in its files when a federal record check is so authorized.

I understand that the electronic results of this fingerprint check will be received by Gemalto, Inc. and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Gemalto, Inc. will not maintain a copy of my record and that Gemalto, Inc. meets all confidentiality and security requirements for handling and dissemination of state and federal criminal history record information.

Do you receive any retirement income from the State of Georgia? \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant (printed)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# **GEMALTO APPROVED IDENTITY VERIFICATION DOCUMENTS**

\*Gemalto requires current, valid and unexpired picture identification documents

## **PRIMARY DOCUMENTS**

As a primary form of picture identification one of the following will be accepted at the Gemalto Fingerprint Location:

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

## **SECONDARY DOCUMENTS**

In the absence of one of the above Primary Documents, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

## **SUPPORTING DOCUMENTS**

Must be supported by *at least two* of the following:

- Utility Bill (with current address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Certificate of Naturalization (N550)
- Current Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement