



DEPARTMENT OF CHILD SERVICES (DCS) HISTORY CHECK INFORMATION SHEET

Prospective Central Indiana Educational Service Center employees are required to submit for a DCS History check before employment. Please fill out the information below.

Once this info has been submitted, you will receive an email from kidtraks@dcs.in.gov for you to complete the rest of the history check. *This step must be completed for employment.

Personal Information			
Legal First Name of Applicant	Legal Middle Name of Applicant	(if no middle name, please check) <input type="checkbox"/>	Legal Last Name of Applicant
Date of Birth of Applicant (mm/dd/yyyy)	Gender at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Has your gender identity changed since birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race (Check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other		Social Security Number - - -	
Has Applicant ever used any other name, including different first, middle, or last name or combination of names? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Examples of alternate names could be any of these: a nickname, a name prior to adoption, a maiden name, a name from a previous marriage, or a different name due to a name change.</i>			
If yes, please list:			
Contact Information			
Phone Number		Email Address	
Applicant Current Residential Address			
Street Address		City	Country
State	County	Zip	There since (mm/yy)

My signature indicates that all information is accurate to the best of my knowledge. CIESC holds all information on this form completely confidential.

Signature

Date