

D. Application form for staff

DHR –CDC- 1947

APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date _____

Position _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____ Zip Code _____			
Telephone Number: ()			Date of Birth:	
Driver's License Number:			Expiration Date of Driver's license:	

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/ Workshop/conference	Sponsor	Location	Date(s)	Number of hours

EMPLOYMENT HISTORY:

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption. to be contacted as references. **At least one must be a former employer.** Addresses must be complete and accurate.

Name of Former Employer: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip Code
Area Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip Code
Area Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip Code
Area Code
Telephone Number

Criminal History Background Information Checks:

In accordance with Alabama law, (Act 2000-775, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature

Date

E. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility as a
(Name of applicant)
_____. He/she has given your name as a person to be contacted for
(Position)
information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person: Comments: _____
Dependable? Yes No _____
Honest? Yes No _____
Even-tempered? Yes No _____

4. To your knowledge, does this person: Comments: _____
Use drugs? Yes No _____
Drink excessively? Yes No _____
Use abusive language? Yes No _____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this

person? Yes No If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: _____

Name of day care/nighttime facility: _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date