

D. Application form for staff**DHR–CDC-1947****APPLICATION FORM FOR STAFF****(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)**

Date of Application _____

Position _____

Date Hired _____

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
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Address: _____

Street City

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

Name: _____

Last **First** **Middle**

Address: _____

Street City

State Zip Code () Telephone Number

Criminal History Background Information Checks:

In accordance with Alabama law, (Code of Alabama 1975, Title 38, Chapter 13, 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

DHR-CDC-1948

Date:_____

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 child care facility (home/center): _____

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