

## ◆ REQUIREMENTS FOR A PERSONNEL RECORD

1. Name, address, verification of age requirement (see qualifications by job responsibility in the **Licensing Standards** for age requirements).
2. Job title and date of employment or volunteering.
3. References, two or more, as to character, reputation and competency (see **Licensing Standards** for details and exceptions).
4. A sworn statement of affirmation, criminal history record report, and central registry finding.
5. Name, address and telephone number of person to be notified in an emergency.
6. Written information to demonstrate that the individual possesses these qualifications as required by the job position:
  - a. education
  - b. orientation training as required by **Licensing Standards**
  - c. staff development
  - d. experience
7. First aid and CPR certification as required by job position.
8. Health Information:
  - a. T.B. Test and results (see **Licensing Standards** for specifics).
  - b. physical or mental health reports, when evidence of safety of children may be jeopardized, as required by **Licensing Standards**.
  - c. information on any health problems which might interfere with fulfillment of job responsibilities.
9. Date of employment termination.
10. Forms required by state/federal laws:
  - a. Withholding Tax Forms.
  - b. Employment Eligibility Verification Form (I-9), Immigration and Naturalization Service.
  - c. Handicap Identification Form, if necessary.
  - d. Americans with Disabilities Act (ADA) Forms, if applicable.



**EMPLOYMENT APPLICATION**

<b>Position:</b>		<b>Date Available:</b>	
<b>Full or Part Time:</b>		<b>Desired Salary:</b>	
<b>PERSONAL</b>			
<b>Name:</b>	<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Address:</b>	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
<b>Home Phone:</b> (   )		<b>Alternate Phone:</b> (   )	
<b>Are you 18 years or older?</b>	<b>Yes</b>	<b>No</b>	<i>If no, please state age:</i>
<b>Do you have any medical condition(s) that may interfere with fulfilling the responsibilities of the position for which you are applying?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
<b>Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
<b>Employment requires Criminal Background Clearances. Is this acceptable to you?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>In case of emergency, please notify:</b>			
<b>Address (City, State, Zip)</b>			
<b>Phone :</b>		<b>Relationship:</b>	
<b>DISCLOSURE: Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.</b>			
<b>Signature</b>		<b>Date</b>	

**EDUCATION AND TRAINING**

1. Name and location of high school: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Date of graduation or GED: \_\_\_\_\_

2. Name and location of College/University: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
 Degree(s) earned: \_\_\_\_\_

3. Additional training or certification that would be helpful in evaluating your application:

**EXPERIENCE**

Begin with the current or most recent employment (including military experience). Use additional paper if necessary.

<b>1. Position:</b>	<b>Dates:</b> From _____ To _____
<b>Employer:</b>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
<b>Address:</b>	<b>Job duties:</b>
<b>Phone:</b>	<b>Immediate Supervisor:</b>
<b>Reason for leaving:</b>	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Salary:</b> From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>2. Position:</b>	<b>Dates:</b> From _____ To _____
<b>Employer:</b>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
<b>Address:</b>	<b>Job duties:</b>
<b>Phone:</b>	<b>Immediate Supervisor:</b>
<b>Reason for leaving:</b>	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Salary:</b> From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. Position:</b>	<b>Dates:</b> From _____ To _____
<b>Employer:</b>	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
<b>Address:</b>	<b>Job duties:</b>
<b>Phone:</b>	<b>Immediate Supervisor:</b>
<b>Reason for leaving:</b>	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Salary:</b> From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe any volunteer work or other experience related to child care:

REFERENCES		
1. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
2. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
3. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		

I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.

I hereby certify that the information given in this application is true and complete to the best of my knowledge.

Signature:	Date:
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<b>Office Use Only</b>		
Position _____	Date of Hire _____	Date of Separation _____

**Telephone Reference Check #1**

Prospective Employee's Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Firm Contacted: \_\_\_\_\_

Reference Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person who obtained reference: \_\_\_\_\_

**Telephone Reference Check #2**

Prospective Employee's Name: \_\_\_\_\_

Date(s) of Contact: \_\_\_\_\_

Name of Person Contacted: \_\_\_\_\_

Firm Contacted: \_\_\_\_\_

Reference Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person who obtained reference: \_\_\_\_\_