

E. Application form for staff

DHR-CDC-1947
Revised 1/06

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

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

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**

BACKGROUND INFORMATION:

Child Care:

Have you ever applied for or held any license or approval or been registered or certified to operate a child care facility of any kind in any county, state, or country? _____

If yes, give details.

Criminal History Background Information Checks:

In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

If this is your first application, you must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check at the time of application for renewal.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each applicant for a license or approval to operate a child care center. The applicant shall obtain a completed request for clearance of the State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.

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