

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

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, (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