

Interested in a job at Cottonwood?

Thank you for your interest in joining our team at Cottonwood! We are always looking for dependable, caring, hardworking individuals who are passionate about working with children and contributing to a positive team environment.

This packet contains the initial documents needed to begin the employment inquiry and application process. Please review the information carefully and return all requested items as instructed.

👉 Job Inquiry Packet Checklist (Complete & Return)

- Complete All Sections of the Employee Application
- Attach a copy of your Resume (if available) & A Copy of Your Photo ID
- Sign the Criminal Background Check (CBC) Notice & Complete the CBC Fingerprint Process
- Have a Physician complete the Staff Medical Form & TB Screening Form

📁 Included in This Packet

- a. Employee Application
- b. Criminal History Check Notice & ABCMS Instructions
- d. Staff Medical Form & TB Screen Form

📌 Important Information

Completion of this packet does not guarantee employment or an interview. All applicants are subject to review based on qualifications, experience, background check requirements, references, and overall program needs. Applicants should be prepared to demonstrate professionalism, reliability, teamwork, and the ability to provide safe and appropriate care for children. We appreciate your interest in Cottonwood and look forward to learning more about you!

★ Next Steps

After you have completed and returned the above forms, our administration team will review your information and contact you to schedule a brief “pre-interview” phone call. This call allows us to learn more about your background, experience, availability, and interest in childcare while also giving you an opportunity to ask questions and learn more about our program and available positions.

✅ **QUALIFYING CBC IS REQUIRED FOR ALL CHILDCARE EMPLOYEES IN N.C.** ✅



Application for Employment

Please print and complete all sections. Attach a copy of a PHOTO ID.

Date of Application: _____

SSN:	Last Name:	First Name:	Middle Name:
Address (street # & name):		City:	County:
State:	Zip Code:	Current Phone #:	Email Address:

Position Applied For: _____ Date of Birth: ____/____/____ NCDL# _____

Have you ever been convicted of breaking a law other than a minor traffic violation? YES ___ NO ___ If yes, explain (use back if needed)

Have you ever had an abuse or neglect or child maltreatment substantiation? YES ___ NO ___ If yes, list county/State/date & explain (use back if needed)

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name & Location	Dates Attended	Course of Study	Degree/Diploma
High School	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
College	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
	_____	_____ to _____	_____	_____
Grad School	_____	_____	_____	_____
Educational, Vocational Schools, etc.	_____	_____	_____	_____
	_____	_____	_____	_____

Child care training completed in the last three years (First Aid, CPR, Health & Safety Trainings, ITS/SIDS, etc.):

References: (List names, addresses, & phone #s) _____

Work History: *(List childcare/early ed. experiences first)*

Current/Last Employer:	Address:		
Job Title:	Supervisor's Name:	Starting Salary: \$ ____ per ____	Ending Salary: \$ ____ per ____
Dates Employed: (month/year) ____/____ to ____/____	Full Time for: ____ Years ____ Months Part Time for: ____ Years ____ Months	If part time, how many hours per week worked?	
May we contact employer? Yes No	Duties:		
Did you supervise or manage over employees? If so, how many?	Reason for leaving:		

Current/Last Employer:	Address:		
Job Title:	Supervisor's Name:	Starting Salary: \$ ____ per ____	Ending Salary: \$ ____ per ____
Dates Employed: (month/year) ____/____ to ____/____	Full Time for: ____ Years ____ Months Part Time for: ____ Years ____ Months	If part time, how many hours per week worked?	
May we contact employer? Yes No	Duties:		
Did you supervise or manage over employees? If so, how many?	Reason for leaving:		

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant: _____ **Date:** _____

****STATE LAW REQUIRES QUALIFYING CBC THROUGH DCDEE BEFORE EMPLOYMENT****

NOTICE: CHILD CARE PROVIDER

MANDATORY CRIMINAL HISTORY CHECK (§ 110-90.2)

NORTH CAROLINA LAW REQUIRES THAT A CRIMINAL HISTORY RECORD CHECK BE CONDUCTED ON ALL PERSONS WHO PROVIDE CHILD CARE IN A LICENSED CHILD CARE FACILITY, AND ALL PERSONS PROVIDING CHILD CARE IN NONLICENSED CHILD CARE HOMES THAT RECEIVE STATE OR FEDERAL FUNDS.

"Criminal history" means a county, state, or federal criminal history of conviction, pending indictment of a crime, or criminal charge, whether a misdemeanor or a felony, that bears on an individual's fitness to have responsibility for the safety and well-being of children. Such crimes include, but are not limited to, the following North Carolina crimes contained in any of the following Articles of Chapter 14 of the General Statutes: Article 6, Homicide; Article 7B, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary; Article 16, Larceny; Article 17, Robbery; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19C, Identity Theft; Article 26, Offenses Against Public Morality and Decency; Article 27, Prostitution; Article 29, Bribery; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; and Article 59, Public Intoxication. Such crimes also include cruelty to animals in violation of Article 3 of Chapter 19A of the General Statutes, violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of [G.S. 18B-302](#) or driving while impaired in violation of [G.S. 20-138.1](#) through [G.S. 20-138.5](#). In addition to the North Carolina crimes listed in this notice, such crimes also include similar crimes under federal law or under the laws of other states. Your fingerprints will be used to check the criminal history records of the State Bureau of Investigation (SBI) and the Federal Bureau of Investigation (FBI).

If it is determined, based on your criminal history, that you are unfit to have responsibility for the safety and well-being of children, you shall have the opportunity to complete, or challenge the accuracy of, the information contained in the SBI or FBI identification records.

If you disagree with the determination of the North Carolina Department of Health and Human Services on your fitness to provide child care, you may file a civil lawsuit within 60 days after receiving written notification of disqualification in the district court in the county where you live.

Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history record check shall be guilty of a Class 2 misdemeanor.

Refusal to consent to a criminal history record check or intentional falsification of any information required to be furnished to conduct a criminal history record check is grounds for the Department to prohibit the child care provider from providing child care. Any child care provider who intentionally falsifies any information required to be furnished to conduct the criminal history shall be guilty of a Class 2 misdemeanor.

PRIOR CONVICTION/PENDING INDICTMENT STATEMENT

(Please check one)

I swear, under penalty of perjury, that I **have been convicted** of a crime and/or I have pending indictments or pending charges that are not minor traffic violations.

I swear, under penalty of perjury, that I **have not been convicted** of a crime, nor have any pending indictments or pending charges, other than a minor traffic violation.

I also swear that I am am not under a deferred prosecution agreement or on probation for a crime. If I have been convicted of a crime, have pending indictments or pending charges, am under a deferred prosecution agreement, have received a Prayer for Judgment, or am on probation for a crime, I understand that my employment is conditional pending approval from the Division of Child Development and Early Education.

I also understand that I may submit to the Division of Child Development and Early Education additional information concerning the conviction or charges that could be used by the Division in making the determination of my qualification for employment. The Division may consider the following in making their decision: length of time since conviction; nature of the crime; circumstances surrounding the commission of the offense or offenses; evidence of rehabilitation; number of prior offenses; and my age at the time of occurrence.

Name & Signature: _____

Date: _____

The Division makes no representations regarding this person's eligibility to provide child care based solely on this Statement.



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child Development and Early Education

APPLICANT BACKGROUND CHECK INSTRUCTIONS

You received this form because you are required to complete a fingerprint-based, criminal history background check. Follow the instructions below so the NC DCDEE Criminal Background Check Unit can process your request.

Provider Name and License Number	Provider Number
COTTONWOOD PRE-ELEMENTARY - 78000137	6DU34L

Instructions

1. Create your Login:

You must obtain your username and password from the NC Identity Management system (NCID) prior to logging into the Automated Background Check Management System (ABCMS). If you need assistance with your NCID login, please visit <https://it.nc.gov/support/ncid> or call 919-814-6339.

- Go to <https://myncid.nc.gov>
- Click the link titled "Register!" in the bottom right of the light blue login box.
- On the New User Registration screen, click "Individual".
- Follow the instructions to set up your account.
- Check your email for a temporary password, then immediately update your NCID with a password you create. You may now login to ABCMS.

2. Login to the DCDEE ABCMS website:

- Go to <https://www.ncabcms.nc.gov/dcdee/applicant>
- Click on the blue "Log into NCID" button.
- Enter your NCID Username and Password.
- Accept the Terms and Conditions. Then, please select "Opt-In" to receive emails from the system. You are now logged in.

3. Enter Application Information:

- Click "Create Application" on the home screen.
- Enter the "Provider Number" indicated above in the provider number field. Click Search. If the correct provider is displayed, click "Continue Application." If an incorrect provider is displayed, stop and contact the provider that gave you this form.
- Enter the information requested. Click "Next" after you have completed all required fields on each screen.
- After completing the steps, you will see the Registry Information page. Click on "Next" to go to the payment screen.

⚠ If any of the Registry results indicate "Pending" on the Registry Information page, you will not be able to move forward to the payment screen. You will receive notification as to the reason. For additional information, you may call 919-814-6401.

4. Payment Screen:

- Your provider will advise as to whether or not you will be responsible for the charges associated with your fingerprint background check.
- If you are responsible for the payment, you will see the payment screen. Please enter your billing information and credit/debit card information. You may print a receipt of the payment for your records. **Your bank card information is NOT stored in the system and is securely transferred for processing.**
- After payment, you will see a summary screen where you will submit your application. Your Fingerprint Authorization form will be available for you to print or download from the ABCMS site.

Frequently Asked Questions

When do I go get fingerprinted?

- ✓ You will setup and complete your fingerprints with an approved agency after completing and paying for the application.
- ✓ Please visit for a location nearest you: <https://www.nbinformation.com/locations/LawEnforcement/byCounty/NC.php>
- ✓ Your application will not proceed until we receive fingerprint results.

What happens next?

- ✓ Go to your appointment to be Fingerprinted.
- ✓ A State and FBI criminal background check will occur using your fingerprints.
- ✓ When DCDEE receives your fingerprint report it will determine your eligibility.
- ✓ Once results are back and eligibility determination has been completed, the status will show on your ABCMS Home Page with any available letters.

5. Questions about Eligibility:

If you see Pending or Disqualified as the status, or you have questions about your eligibility, please contact 919-814-6401.

Where do I find more Information?

- ✓ Please visit <https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Criminal-Background-Check-Unit/Basic-Information>

Staff Health Assessment/Medical Report

10A NCAC 09 .0701 (Child Care Centers)

This document, completed by a health care professional prior to employment, indicates that the individual listed is emotionally and physically fit to care for children. This form must have been completed within the last twelve months.

Full name of individual:	
Home address:	
Phone number:	Email:

To be completed by a health care professional

Date of assessment:
Does this applicant have any physical condition that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently under treatment that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently taking any medication that would affect his/her work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of health care professional:	Date:
Signature of health care professional:	
Address:	
Phone number:	

*This information must be included in the staff member's medical file, which must be maintained separately from the staff member's individual personnel file in the center. Child Care Rule 10A NCAC 09 .0701(d).

Updated December 2022



NORTH CAROLINA
Child Care Health and
Safety Resource Center

800-367-2229
healthychildcare.unc.edu

Tuberculosis Screening Form

10A NCAC 09 .0701 (a) (Centers); .1702 (b)(4) and .1729 (a)(5) & (b) (Family Child Care Homes)

This questionnaire must be administered to all child care providers, by a licensed health care professional, before coming into contact with children. Directors, operators, additional caregivers, substitutes, and individuals who volunteer more than once a week must be screened. Testing should only be performed if the individual answers “yes” to one of the screening questions. Both screening and testing are available at the local health department.

Note to health care professionals: A negative risk and symptom screen should be considered a negative tuberculosis test in such individuals, and no further testing is required. An Interferon Gamma Release Assay is preferred over a tuberculin skin test for otherwise low-risk individuals with a positive response to the risk or symptom screening questionnaires. (See page 2.)

Last name (print clearly)	First name	Middle	Date of Birth

Tuberculosis Risk Questionnaire

1) Were you born outside the USA in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?	YES	NO
2) Have you traveled outside the USA and lived for more than one month in one of the following parts of the world: Africa, Asia, Central America, South America, or Eastern Europe?	YES	NO
3) Do you have a compromised immune system such as from any of the following conditions: HIV/AIDS, organ or bone marrow transplantation, diabetes, immunosuppressive medicines (e.g. prednisone, Remicade), leukemia, lymphoma, cancer of the head or neck, gastrectomy or jejeunal bypass, end-stage renal disease (on dialysis), or silicosis?	YES	NO
4) Have you ever done one of the following: used crack cocaine, injected illegal drugs, worked or resided in jail or prison, worked or resided at a homeless shelter, or worked as a healthcare worker in direct contact with patients?	YES	NO
5) Have you ever been exposed to anyone with infectious tuberculosis?	YES	NO

Tuberculosis Symptom Questionnaire

Do you currently have any of the following symptoms?		
1) Unexplained cough lasting more than 3 weeks?	YES	NO
2) Unexplained fever lasting more than 3 weeks?	YES	NO
3) Night sweats (sweating that leaves the bedclothes and sheets wet)?	YES	NO
4) Shortness of breath?	YES	NO
5) Chest pain?	YES	NO
6) Unintentional weight loss?	YES	NO
7) Unexplained fatigue (very tired for no reason)?	YES	NO

The above health statement is accurate to the best of my knowledge. I will contact my health care professional and/or the health department if my health status changes.

Signature:	Date:
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Screening administered by licensed health care professional:

Printed name and location:	
Signature:	Date:

*This information must be included in the operator or staff member’s medical file, which must be maintained separately from the operator or staff member’s individual personnel file that is kept on site.