

**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 \_\_\_\_\_

<b>Name:</b>	_____			
	Last	First	Middle	Maiden (if applicable)
<b>Address:</b>	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
<b>Telephone Number: (    )</b>			<b>Date of Birth:</b>	
<b>Driver's License Number:</b>			<b>Expiration Date of Driver's license:</b>	

**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