

B. Licensing application attachment

DHR-CDC-1945

LICENSING APPLICATION ATTACHMENT

This form must be completed for each applicant, owner, and center director. Completed attachment forms must be submitted with the Application for a License.

Name:	_____			
	Last	First	Middle	Maiden
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: ()		Date of Birth:		
Social Security Number:		Name of Spouse (if married):		
How long have you lived in the county where you now reside?		Last previous address (if applicable):		

REFERENCES:

List at least three (3) persons who are not related to you by blood, marriage, or adoption, whom may be contacted as references. At least one (1) must be a former employer. Addresses must be complete and accurate.

Name of Former Employer: _____
Last
First
Middle

Address: _____
Street
City

_____ () _____
State
Zip Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ () _____
State
Zip Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ () _____
State
Zip Code
Telephone Number

EDUCATION: *(Attach a copy of your high school or college diploma, G.E.D. certificate, or transcript)*

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING: *(Attach copies of certificates)*

List all courses, workshops, and conferences related to child development, early childhood education, and administration or management of child care centers. Attach additional pages if necessary.

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