D. Application form for staff

DHR –CDC- 1947

APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date _____

Position _____

Name:	_____ Last First Middle Maiden (if applicable)
Address:	Street: _____ City: _____ State: _____ Zip Code _____ Email address: _____
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, (Act 2000-775, 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**

B. **Medical report for persons giving care to children**

DHR-CDC – 737

MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN

Name:	Date of birth:
Address:	Position in child care facility:

To the examining medical doctor, physician's assistant, or certified nurse practitioner:

This examination is needed to determine my physical ability to care for children, to perform services in a child care facility, or to have contact with the children. I hereby authorize you to furnish a report of my examination to:

_____

Name of child care facility or Department of Human Resources

_____ / _____

Signature Date

TESTS (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux): _____

(Required for initial examination only)

Date and result of chest x-ray if Mantoux was positive: _____

HISTORY of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐ .

PHYSICAL LIMITATIONS that may affect his/her ability to care for children or perform services in a child care facility: Yes ☐; No ☐ .

If "YES", please explain: _____

_____

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility or to have contact with the children.

If not, please explain: _____

_____

_____ / _____

Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date

E. Reference form

DHR-CDC-1948

REFERENCE FORM

Date:_____

To: _____
(Reference Contact)

Address: _____
(Street) *(City)* *(State)* *(Zip Code)*

_____ has applied to work in a child care facility as a
(Name of applicant)
_____. He/she has given your name as a person to be contacted for
(Position)
information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person?_____

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)
_____

3. In your opinion, is this person: Comments:_____

Dependable?	Yes ☐ No ☐	_____
Honest?	Yes ☐ No ☐	_____
Even-tempered?	Yes ☐ No ☐ .	_____

4. To your knowledge, does this person: Comments:_____

Use drugs?	Yes ☐ No ☐	_____
Drink excessively?	Yes ☐ No ☐	_____
Use abusive language?	Yes ☐ No ☐ .	_____

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

_____
_____
_____
_____

6. If you have young children, would you leave your own child/children in the care of this person? Yes ☐ No ☐ If no, please explain.

_____

_____

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes ☐ No ☐ Please explain.

_____

_____

8. Do you know of any reason why this person might not be suitable to care for children? Yes ☐ No ☐ If yes, please explain.

_____

_____

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

_____

_____

_____

_____

_____

_____

Signature Date Telephone number

Please return this form to:

Name of person requesting information: _____

Name of day care/nighttime facility: _____

Address of facility:

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone Number: (_____)_____

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

_____

Signature Date

F. **Verification that staff persons/caregivers have read the Standards**

VERIFICATION THAT STAFF PERSONS/CAREGIVERS HAVE READ THE

CHILD CARE LICENSING AND PERFORMANCE STANDARDS FOR FAMILY DAY CARE HOMES, FAMILY NIGHTTIME HOMES AND GROUP DAY CARE HOMES AND GROUP NIGHTTIME HOMES

Written and signed verification stating that staff persons have read the Standards, must be in each staff person's file in the home.

I have read the **Standards for Family/Group Day Care and Nighttime Homes.** I understand that I must comply with these regulations while I am employed by

_____.

(Name of licensee)

Failure to do so could result in immediate termination of employment.

_____

Signature of staff person/caregiver Date

_____

Signature of Licensee Date