

Personnel Information

Program name			(8 icense number	
Personnel or Applicant				
First name Middle na	ame Last name	Socia	l Security number	
Date of birth All previous name	s, including aliases and maio	den		
Street address	City	State	ZIP code	
Mailing address or PO Box	City	State	ZIP code	
Email				
Phone number with area code	Alternate pho	ne number with ar	rea code	
Education				
Do you have a high school diploma, or credential, or Licensing approved equ	•	nent (GED)	☐ Yes ☐ No	
When NO , are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?			☐ Yes ☐ No	
What is the highest grade you have o	completed:			
List child care credentials or educational certificates Expiration date(s)				
College				
College/university/school	Locat	tion(s)		
Degree or credential Major	/minor Atten	dance (MM/YY - N	MM/YY)	

First name	Last name			K8 License number		
Graduation date	Number of completed semester hours if you did not gradua			did not graduate		
Previous Child Care I	Employment					
Employer name	Address (city, state, zip code)	Phone	Full or part-time	l lates of employment		
				From	То	
				From	То	
				From	То	
Personal References						
All applicants for all per of them from your most Name				eferences, w	vith at least two	
Mailing address or PO	Вох	City	S	tate	ZIP code	
Name		Phone num	Phone number R		elationship	
Mailing address or PO	Вох	City	<u>s</u>	tate	ZIP code	
Name		Phone num	ıber R	elationship		
Mailing address or PO	Вох	City	<u></u>	tate	ZIP code	
Background Investiga	ation					

			K8		
First name	Last name	ı	License num	ber	
Are you required to register un Rippy Violent Crime Offender	nder the Sex Offenders Registration Act or Ma s Registration Act?	ary	☐ Yes	☐ No	
(no contest); or been convicte irresponsibility or disregard fo	s, have you entered a plea of guilty or nolo colled of any criminal activity involving gross r the safety of others; violence against an indise or neglect; animal cruelty; or possession, s	ividual		□ No	
Signature of Personnel or A	Applicant				
to hire. I understand my registration of	is form a background investigation will occur on the Child Care Registry (Restricted Registr		☐ Yes	□ No	
 an action against a chi finding of abuse or neg 	ation reveals a specified criminal history; or ld in care results in a confirmed or substantiat glect. ed on this form is true and complete.	ted	☐ Yes ☐ Yes	☐ No ☐ No	
·	·				
Signature of personnel or app	olicant	Date			
Parent's signature when appli	icant is a minor	Date			
Program Use Only					
Complete during hiring pro	cess by owner, responsible entity, directo	r, or p	rimary care	giver:	
Date Personnel Information for	orm submitted to Licensing:				
Form must be submitted to Licensing within 2 weeks of employment					
Date Restricted Registry sea	arch completed:				
Date three reference checks					
Date preliminary criminal his	tory review results received, when applicable				
Date complete criminal histor	ry review results received:				
Employment date Position	n(s) assigned or title				

		K8		
First name	Last name	License number		
Signature of Owner	r, Responsible Entity, Director, or Primary Ca	aregiver		
I understand giving false or incomplete information may result in denial or revocation of my license.				
Signature of owner, r	responsible entity, director, or primary caregiver	Date		