

E. Application form for staff

DHR-CDC-1947  
Revised 1/06

**APPLICATION FORM FOR STAFF**

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

Date of Application \_\_\_\_\_

Position \_\_\_\_\_

Date Hired \_\_\_\_\_

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
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	Dates	Number of hours

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

**Current Criminal Charges:**

Are there any current criminal charges against you? \_\_\_\_\_

If yes, give details.

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**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

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 (home or center)  
(Name of applicant)

as a \_\_\_\_\_. He/she has given your name as a person to be  
(Position)

contacted for 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.

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

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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.

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Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: \_\_\_\_\_

Name of child care facility (home/center): \_\_\_\_\_

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