

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

<b>Name:</b>	_____			
	Last	First	Middle	Maiden (if applicable)
<b>Address:</b>	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
	Email address: _____			
<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.

<b>Employer</b>	<b>Employer's Address</b>	<b>Position/Job</b>	<b>Date(s) Worked</b>	<b>Reason for leaving</b>

**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**

**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.

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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 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.

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Signature

Date

