

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	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, (Code of Alabama 1975, Title 38, Chapter 13, 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.

D. Medical report for persons giving care to children

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 or to perform services in a child care facility (home or center) or to have contact with children in care. 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 (home or center): Yes ☐; No ☐.

If "YES", to either question, 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 children.

If not, please explain:

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

BACKGROUND INFORMATION:

Child Care:

Have you ever applied for or held any license or approval or been registered or certified to operate a child care facility of any kind in any county, state, or country? _____

If yes, give details.

Criminal History Background Information Checks:

In accordance with Alabama Law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), a criminal history background information check shall be completed on all applicants for a license or approval and staff persons, employees, volunteers, and applicants for employment or volunteer work.

If this is your first application, 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 at the time of application for renewal.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

At the time of initial application, a completed request for clearance of the State Central Registry on Child Abuse/Neglect shall be submitted to the Department on the required form (Alabama Department of Human Resources Request for Clearance of State Central Registry on Child Abuse/Neglect, DHR-DFC Form 1598), for each applicant for a license or approval to operate a child care center. The applicant shall obtain a completed request for clearance of the State Central Registry on Child Abuse/Neglect for each center director, staff person, employee, and volunteer.

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

C. Mandatory Criminal History Check Notice

Agency Name: _____		
Address: _____		
City: _____	State: <u>Alabama</u>	Zip: _____

Alabama law requires that a criminal history background information check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care home, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, complete, and accurate information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care to children, the elderly, or disabled individuals. Unless a criminal history background information check report and suitability determination have previously been obtained, you must complete a written request and consent for a criminal history background information check with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information shall be referred to the district attorney or law enforcement for investigation and possible prosecution. An individual who intentionally falsifies any information on the statement is guilty of a Class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

- Convictions for any of the following crimes shall make an individual unsuitable for employment, volunteer work, approval, or licensure:
1. Murder, manslaughter, or criminally negligent homicide.
 2. A sex crime.
A sex crime includes the following:
 - a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-69 of the Code of Alabama 1975.
 - b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.
 - c) Kidnapping of a minor, except by a parent, in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.
 - d) Promoting prostitution in the first or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.
 - e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.
 - f) Sexual misconduct, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.
 - i) Sodomy in the first or second degree, as proscribed by Section 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.
 - j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal obscene material to a child by computer as proscribed by Sections 13A-6-110 and 13A-6-111 of the Code of Alabama 1975.
 - k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.
 - l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.
 - m) A crime listed in the Community Notification Act, Chapter 20 of Title 15 of the Code of Alabama 1975.
 3. A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.
 4. A crime committed against a child.
 5. A crime involving the sale or distribution of a controlled substance.
 6. Robbery.
 7. Conviction for a violation or attempted violation of an offense committed outside the State of Alabama is a sex crime or any other crime the offense would be a crime in Alabama.

CRIMINAL HISTORY STATEMENT

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history information background check? Yes () No (). If yes, send form to DHR.
Have you ever been convicted of a crime? Yes () No (). If yes, state on the lines below the date, crime, location, punishment imposed, and whether the victim was a child or an elderly or disabled individual.

Date _____ Signature _____ Print name _____
Social Security Number _____

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.

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

F. Reference form

DHR-CDC-1948

REFERENCE FORM

To: _____
(Reference Contact)

Date: _____

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:

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

Comments: _____

4. To your knowledge, does this person:

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

Comments: _____

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 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

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(Reference Contact)

Date: _____

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

Comments: _____

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Use abusive language? Yes ☐ No ☐

Comments: _____

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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.

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

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City: _____

State: _____ Zip Code: _____

Telephone Number: (_____) _____

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