CFS 508-1 Rev. 12/2013

State of Illinois Department of Children and Family Services

| Date | Submitted | |
|------|-----------|--|

INFORMATION ON PERSON EMPLOYED IN A CHILD CARE FACILITY*

| Employi | ng Facility | | | | |
|--|----------------------|---|--------------------------------|------------------------|--|
| Facility I | Provider ID# | | | | |
| Address_ | (Street a | nd Number) | (City) | (Zip Code) | |
| | | | | | |
| reison E | mpioyeu | | | (Date of Birth) | |
| Social Se | ecurity Number _ | | | Phone | |
| Home A | ddress | | | | |
| | (S | Street and Number) | (City) | (Zip Code) | |
| Employ | ment | Date Employed: | | | |
| Position fo | or which employed (C | Check appropriate item): | | | |
| ☐ Child Care Supervisor (child care institution) ☐ Child Care Worker (child care institution) ☐ Child Care Staff (group home) ☐ Child Welfare Supervisor (child welfare agency) ☐ Child Welfare/Licensing Worker (child welfare agency) ☐ Registered Nurse ☐ Teacher (residential facility) ☐ Housekeeping Previous Employment (Last ten years of employed) | | d care institution) home) or (child welfare agency) g Worker (child welfare agency) lity) | ☐ Cook ☐ Clerical ☐ Other:ent) | | |
| From | То | Name and address o | f Employer | Type of Work and Title | |
| | | | | | |

| hree character and/or business, from pe | ersons not related to the employee) |
|---|--|
| Address | Relationship |
| | |
| | |
| | |
| ne item indicating highest grade comple | eted) |
| High School: | GED: |
| 1 2 3 4 | ☐ Yes ☐ No |
| Years of Graduate Work: | |
| 1 2 3 4 | |
| Graduate Degree: | |
| last attended: | |
| License (Specify): | |
| | |
| File: Yes No | (Explain |
| | |
| | |
| cian: | |
| Yes No | (Explain |
| | |
| official of the employing facility, do he icated and that, to the best of my know lance with minimum standards prescrib | wledge is qualified for the position |
| Signed: | |
| | |
| | hree character and/or business, from pe Address ne item indicating highest grade completed the second of the employing facility, do helicated and that, to the best of my knowlance with minimum standards prescribed and completed the second of the employing facility, do helicated and that, to the best of my knowlance with minimum standards prescribed and that, to the best of my knowlance with minimum standards prescribed and that, to the best of my knowlance with minimum standards prescribed and that, to the best of my knowlance with minimum standards prescribed and that, to the best of my knowlance with minimum standards prescribed and that, to the best of my knowlance with minimum standards prescribed and the second of |