

INFORMATION ON PERSON EMPLOYED IN A CHILD CARE FACILITY*

I. Employing Facility _____

Facility Provider ID# _____

Address _____
(Street and Number) (City) (Zip Code)

II. Person Employed _____
(Date of Birth)

Social Security Number ____ - ____ - ____ Phone _____

Home Address _____
(Street and Number) (City) (Zip Code)

III. **Employment** Date Employed: _____

Position for which employed (Check appropriate item):

- | | |
|--|--|
| <input type="checkbox"/> Executive, Superintendent, or Director | <input type="checkbox"/> Licensed Practical Nurse (day care center only) |
| <input type="checkbox"/> Child Care Supervisor (child care institution) | <input type="checkbox"/> Early Childhood Teacher (day care center) |
| <input type="checkbox"/> Child Care Worker (child care institution) | <input type="checkbox"/> School-age Worker (day care center) |
| <input type="checkbox"/> Child Care Staff (group home) | <input type="checkbox"/> Early Childhood Assistant (day care center) |
| <input type="checkbox"/> Child Welfare Supervisor (child welfare agency) | <input type="checkbox"/> School-age Assistant (day care center) |
| <input type="checkbox"/> Child Welfare/Licensing Worker (child welfare agency) | <input type="checkbox"/> Substitute |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Teacher (residential facility) | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Other: _____ |

IV. **Previous Employment** (Last ten years of employment)

From	To	Name and address of Employer	Type of Work and Title

The employer, or authorized official of the employing facility has contacted the human resources personnel, management or knowledgeable supervisor for each listed previous employer to inquire about the employee's work performance and whether the employee would be eligible for rehire.

