

**EDUCATION:** *(Attach a copy of your high school or college diploma, G.E.D. certificate, or transcript)*

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

**CHILD CARE TRAINING:** *(Attach copies of certificates)*

List all courses, workshops, and conferences related to child development, early childhood education, and administration or management of child care centers. Attach additional pages if necessary.

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

**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.

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**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.

**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:**

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. 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**

**D. Application form for staff**

**DHR–CDC-1947**

**APPLICATION FORM FOR STAFF**

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

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

Position \_\_\_\_\_

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

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

F. Verification that staff persons have read the Minimum Standards

**VERIFICATION THAT STAFF PERSONS HAVE READ THE  
MINIMUM STANDARDS**

Written and signed verification stating that staff persons have read the Minimum Standards within one month of employment, must be in each staff person's file in the center.

I have read the Minimum Standards for Day Care Centers and Nighttime Centers. I understand that I must comply with these regulations while I am employed at

\_\_\_\_\_

(Name of center)

Failure to do so could result in immediate termination of employment.

\_\_\_\_\_  
Signature of staff person                      Date

\_\_\_\_\_  
Signature of Licensee/Director                      Date