



Personnel Information



Program name _____ K8
License number _____

Personnel or Applicant

First name _____ Middle name _____ Last name _____ Social Security number _____

Date of birth _____ All previous names, including aliases and maiden _____

Street address _____ City _____ State _____ ZIP code _____

Mailing address or PO Box _____ City _____ State _____ ZIP code _____

Email _____

Phone number with area code _____ Alternate phone number with area code _____

Education

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent? Yes No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent? Yes No

What is the highest grade you have completed: _____

List child care credentials or educational certificates

Expiration date(s)

College

College/university/school _____ Location(s) _____

Degree or credential _____ Major/minor _____ Attendance (MM/YY - MM/YY) _____

First name Last name K8
License number

Graduation date Number of completed semester hours if you did not graduate

Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To

Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

Name Phone number Relationship

Mailing address or PO Box City State ZIP code

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First name	Last name	K8	License number
Name	Phone number	Relationship	
Mailing address or PO Box	City	State	ZIP code

Background Investigation

Are you required to register under the Sex Offenders Registration Act or Maryland's Rippa Violent Crime Offenders Registration Act? Yes No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs? Yes No

Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire. Yes No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when: a background investigation reveals a specified criminal history; or an action against a child in care results in a confirmed or substantiated finding of abuse or neglect. Yes No
 Yes No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant _____
Date

Parent's signature when applicant is a minor _____
Date

First name Last name K8
License number

Program Use Only

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: _____

Date **three** reference checks **completed**: _____

Date **preliminary** criminal history review results received, when applicable: _____

Date **complete** criminal history review results received: _____

Employment date Position(s) assigned or title

Signature of Owner, Responsible Entity, Director, or Primary Caregiver

I understand giving false or incomplete information may result in denial or revocation of my license.

Signature of owner, responsible entity, director, or primary caregiver Date

Community After School Program



1023 North Flood Avenue
 Norman, OK 73069
 (405) 366-5970
 www.caspinc.org

EMPLOYEE/APPLICANT INFORMATION

Last Name:		First Name:		Middle Name:	I prefer to go by:	
Local Street Address:			City:	State:	Zip:	
Permanent Mailing Address:			City:	State:	Zip:	
Primary Phone:			Alternate Phone:			
Email Address:			Date of Birth:		Social Security Number:	
If currently attending college, what is your classification? Fresh Soph Jr Sr		What is your major?		Are you receiving a Federal Work Study Award?		
Please list any additional certifications, trainings, or educ.:				How did you hear about the Community After School Program?		
Emergency Contact:		Phone Number:		Emergency Contact:		Phone Number:

EXPERIENCE

(Expand on your childcare experience in both individual & group care.)

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SCHEDULE

(Work Hours: Monday - Friday 2:30 p.m. - 6:00 p.m.)

Please list Days and Hours you are available to work:

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FINGERPRINTING INFORMATION

(If hired, this section will be completed during employee orientation.)

First Name:	Middle Name:	Last Name:	Phone Number:		
Date of Birth:	State of Birth:	Social Security Number:			
Local Street Address:	City:	State:	Zip:	County:	
List any aliases and/or maiden name:					

GENDER: MALE FEMALE WEIGHT: _____ HAIR COLOR: _____
 HEIGHT: FEET INCHES RACE: _____ EYE COLOR: _____

In the last three years, have you lived outside of the United States? YES NO
If yes, list locations & dates of residence:

Have you ever been fingerprinted before for the purposes of childcare? YES NO
If yes, list where & when: