



Community After School Program

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

State of Oklahoma Department of Human Services Child Care Staff Information Employment Application

Applicant Information

Full Name: _____
Last First M.I.

Local Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Alternate Phone: () _____ : _____
Social Security

Date of Birth: _____ No.: _____

Are you at least 16 years of age? YES NO

Are you at least 18 years of age? YES NO

Are you at least 21 years of age? YES NO

Education

Are you currently attending high school? YES NO
 If Yes, where? _____

If No, did you graduate? YES NO
 If No, did you receive your GED? YES NO

Are you currently attending college? YES NO
 If Yes, current level? Fresh Soph Jr Sr

If Yes, where? _____ What is your Major? _____

Are you a college graduate? YES NO

If Yes, what degree did you receive? _____ When? _____

Are you receiving a Federal Work Study Award? YES NO

Do you hold a CCP, CDA, or Certificate of Mastery? YES NO

Schedule

Work hours are: 6:30 – 7:45 a.m. for Before School and/or 2:20 – 6:00 p.m. for After School.

Days and Hours you are available: _____

Background

Have you ever been convicted of or entered a plea of guilty or nolo contendere (no contest) to any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others?:

YES NO

Do you have any pending charges from the crimes listed above:

YES NO

If yes, provide additional information below:

Disclaimer and Signature

I hereby certify that this information is true and complete to the best of my knowledge. I also authorize a complete background check, including verification of education and employment, reference check, and criminal background check.

Signature: _____ Date: _____

OFFICIAL USE ONLY

To be completed by CASP after staff person is hired by facility. Submit this form to DHS Licensing within two weeks of staff person beginning employment.

Employee's Date of Birth	_____	Assigned Position	_____
Date of Employment	_____	Date Criminal check requested	_____
Date entry level training completed	_____	Date Reference Checks completed	_____
Date staff orientation completed	_____		

Executive Director's Signature

Date

Director of Child Services' Signature

Date