



Thank you for your interest for employment at Kiddie Care Learning Center, LLC. Kiddie Care is licensed by the Department of Human Resources and all teachers must meet the qualifications for a teacher as established by DHR. Teachers are paid weekly and may be required to work two Saturdays per month. Pay starts \$8 per hour. No application will be considered until the director has received all documentation.

NEW STAFF CHECKLIST

- _____ Application for Employment
- _____ Reference contacts (3)
- _____ Abuse/Neglect
- _____ Criminal Background Check/Suitability Letter
- _____ Photo ID
- _____ Social Security Card
- _____ Diploma/GED
- _____ New Hire Orientation
- _____ Medical Examination Report
- _____ *\$20 @ West Main Street Medical
- _____ TB Skin Test
- _____ *\$12 @ West Main Street Medical
- _____ First Aid Certificate
- _____ Infant-Child CPR
- _____ Read Minimum Standards

E. Application form for staff

DHR-CDC-1947

APPLICATION FORM FOR STAFF

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

Date _____

Position _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: ()			Date of Birth:	
Driver's License Number:			Expiration Date of Driver's license:	

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
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

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:

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.

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The cost for the criminal history check is \$49, (cashier's check or money order, no personal checks). The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources or the Department of Education and the required information is on file, it is not necessary to complete a criminal history check.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

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

DHR CRIMINAL HISTORY CHECK APPLICATION

Part 1 of 2

NON-DHR FEE PAID

Mail Application (Parts 1 & 2), Payment, and Fingerprint Cards to:		Make Money Order or Cashier's Check payable to:	
SBCN 601 Madison Street Suite 400 Code ALDHR Alexandria, VA 22314 SBCN CUSTOMER SERVICE DESK: 703-797-2562 or 800-470-2778 (Mon.- Fri. 9 a.m. - 6 p.m. EST)		SBCN Circle Method of Payment: Money Order, Cashier's Check, or E-Check	
<i>Type or print legibly</i>			
Social Security Number:		Reference ID Number:	
First Name:	Middle:	Last:	
All Other Names Used:		Phone #:	
Address:			
City:		State:	Zip Code:
Date of Birth:		Sex:	
Applying For: (Check One)	Employment <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Child Placement Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> DHR <input type="checkbox"/> DHR Other <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Health Services <input type="checkbox"/> Home Day Care <input type="checkbox"/> Preventive Services <input type="checkbox"/> Residential Care Agency <input type="checkbox"/> Other	Home Study <input type="checkbox"/> DHR Adoption <input type="checkbox"/> ICPC <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	Household Members <input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other
	License/Approval <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Other	Therapeutic Programs <input type="checkbox"/> Foster Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	Volunteer Work <input type="checkbox"/> Board Member <input type="checkbox"/> DHR <input type="checkbox"/> Internship <input type="checkbox"/> Other

Affidavit For Release of Information

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources, DPS/ABI and their officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources, DPS/ABI to release any and all criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20____.

Signature: _____

***NOTE* This document must be witnessed by two persons or notarized by a Notary Public.**

Name of Witness #1	Name of Witness #2
Address of Witness #1	Address of Witness #2
City, State, Zip	City, State, Zip

OR

Sworn to and subscribed before me on this _____ day of _____, 20____.

Signature of Notary Public _____

My commission expires _____, 20____.

Fingerprint Technician:

_____ Fingerprint Card Issued

_____ Live Scan Transmission

Signature _____

Date _____

DHR CRIMINAL HISTORY CHECK APPLICATION

Part 2 of 2

Name of Requesting Agency: _____

(employer, adoption agency, foster home licensing agency, child or adult care center, volunteer coordinating agency, etc.)

Address: _____

Telephone No: _____

DHR Licensing or Approving Office: _____

MANDATORY CRIMINAL HISTORY CHECK NOTICE: Alabama law requires that a criminal history background check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care home, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, accurate and complete information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care for children, the elderly, or disabled individuals. Unless a criminal history background check and suitability determination have previously been obtained, you must complete a DHR Criminal History Check Application (Parts 1 & 2) with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information will be referred to the district attorney or law enforcement for investigation and possibly prosecution. An individual who intentionally falsifies any information on a statement is guilty of a class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

Convictions for any of the following crimes shall make an individual unsuitable for approval related to employment, adoption, foster home licensure, child or adult care licensure, or volunteer work:

1. Murder, manslaughter, or criminally negligent homicide.

2. A sex crime.

A sex crime includes the following:

a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-6-69 of the Code of Alabama 1975.

b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.

c) Kidnapping of a minor, except by a parent, in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.

d) Promoting prostitution in the first degree or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.

e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.

f) Sexual misconduct, as proscribed by Section 13A-6-65 or the Code of Alabama 1975.

g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.

h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.

i) Sodomy in the first or second degree, as proscribed in Code 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.

j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal of obscene material to a child by computer as proscribed by Sections 13A-6-110 and 13A-6-111 of the Code of Alabama 1975.

k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.

l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.

m) A crime listed in the Community Notification Act, Chapter 20 of Title 15 of the Code of Alabama 1975.

3. A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.

4. A crime committed against a child.

5. A crime involving the sale or distribution of a controlled substance.

6. Robbery.

7. Conviction for a violation or attempted violation of an offense committed outside the State of Alabama for a sex crime or any other crime if the offense would be a crime in Alabama.

Criminal History Statement

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history check? Yes () No () If yes, send the form to DHR.

Have you ever been convicted of a crime? Yes () No () If yes, state on the lines below the date, crime, location, punishment imposed, and whether the victim was a child, elderly or a disabled individual.

Signature: _____

Date: _____

Print Name: _____

SSN# _____

D. 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:

Kiddle Care Learning Center, LLC
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

- G. 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

Kiddie Care Learning Center, LLC

(Name of center)

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

Signature of staff person

Date

Signature of Licensee/Director

Date

F. Reference form

DHR-CDC-1948

REFERENCE FORM

Date: _____

To: _____
(Reference Contact)

Address: _____
(Street) (City) (State) (Zip Code)

_____ has applied to work in a child care facility (home or center)
(Name of applicant)
as a Teacher. He/she has given your name as a person to be
(Position)

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? _____
2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)

3. In your opinion, is this person:

Dependable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
Honest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Even-tempered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. To your knowledge, does this person:

Use drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
Drink excessively?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Use abusive language?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

6. If you have young children, would you leave your own child/children in the care of this person? Yes ☐ No ☐ If no, please explain.

7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes ☐ No ☐ Please explain.

8. Do you know of any reason why this person might not be suitable to care for children? Yes ☐ No ☐ If yes, please explain.

9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

Signature

Date

Telephone number

Please return this form to:

Name of person requesting information: Kishia Saffold

Name of child care facility (home/center): Kiddie Care Learning Center

Address of facility:

Street: 218 Graceland Drive

City: Dothan

State: AL

Zip Code: 36305

Telephone Number: (334) 678-2339

If you prefer **not** to provide a reference for this person, please sign here and return this form to the address above.

Signature

Date