

Application for Employment

(Center name) is an equal opportunity employer. This company is dedicated to providing a work environment free of discrimination including but not limited to race, color, creed, religion, age, sex, national origin, marital or military status. Soliciting information is to assess the applicant's abilities to perform the job's duties and responsibilities.

PERSONAL INFORMATION

Date: _____ Daytime Phone: _____

(Full Legal) Name: _____

Nickname: _____ Social Security #: _____ - _____ - _____

Current Address: _____

City: _____ State: _____ Zip: _____

Position Applying For: _____

Expected Compensation: _____

Please list Hours you cannot work: _____

Age Group Preference: _____

TRAINING HISTORY

Please list Educational Background:

- 1.
- 2.
- 3.
- 4.

Special Training or Job Related Training Received:

Handout VIII-3

Phone Screening for Applicants

Name _____ Date _____

Phone Screen Completed by _____

How did you hear about our position?

What type of position are you seeking?

What is your salary now? What amount of salary are you seeking?

Tell me about your experience working with young children:

Where have you worked?

With what ages?

What were your responsibilities?

What aspects of caring for young children do you consider to be most important?

Would you like to come in and fill-out an application?

10

11

EMPLOYMENT HISTORY

Please list previous employment relating to child care first.

<u>Dates Employed</u>	<u>Location</u>	<u>Supervisor</u>	<u>Phone</u>	<u>Position/Duties</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

AUTHORIZATION RELEASE

I, _____, acknowledge the information on the application is true. I give my permission for the child care program to check my work related references by contacting my previous work site. I understand these questions will be about my work experiences, skills performed and work ethic.

Signature: _____ Date: _____

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Child Care Criminal/Juvenile History & State Registry Review Disclosure Form

Fingerprint Registration Website & Call Number: <http://www.identogo.com> 1-855-226-2937

**IF YOU FALSIFY INFORMATION ON THIS FORM,
YOU WILL BE SUBJECT TO CRIMINAL PROSECUTION**

Note to Applicant: Failure to answer all of the questions on this form may result in the rejection of your application. Log on to www.identogo.com or call 1-855-226-2937 to register and schedule an appointment to provide your fingerprint sample. Be prepared to provide the information on this form when you register online or by phone. You must bring a valid state or federal photo ID (driver's license, passport, military ID). The fingerprint technician will give you a receipt after you have submitted your fingerprint sample, and you must return this receipt to the Department. The Department must attach the receipt to this form, which must be filed with the Department's staff records.

DHS ORI #: TN DHS 000Z
TRANSACTION TYPE - DT

Name of Agency:

Full Provider ID (FEIN) # (including extension / suffix):

Street Agency Address:

Start Date & Position Verification (information in this box to be completed by the Agency Director):

Prospective Start Date / /

Position:

I acknowledge that the law requires a fingerprint application to be submitted for this individual and attest that the information within this box is accurate.

Agency Director Signature _____ Date _____

TCN # (from receipt):

Fingerprint Date: / /

Part 1 Applicant Information:

Last Name

First Name

Full Middle Name

Please list any other names you have ever used, including maiden name:

Date of Birth / /

Place of Birth (City, State) ,

Social Security Number - -

Home Address

City County

State Zip Code

Daytime Phone - -

Alternate Phone - -

For Drivers ONLY

Will the duties of the person identified in Part 1 include driving for the agency? Yes No

If yes, please provide the following:

Driver's License # State of

List work history for the last five (5) years. If you need more space, use a separate sheet of paper.

Employer Name	From	To	Your Position
	/ /	/ /	
	/ /	/ /	

Continued On Next Page



Part 2 Information for Criminal/Juvenile History background check and State Registry Review:

Name	Height	Weight	SSN
Hair Color	Eye Color	Race	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female

Part 3 Additional Questions:

Employment with an adult care agency depends upon the outcome of the criminal/juvenile history background check and state registry reviews. This means that if a criminal or juvenile history background check determines that you have been convicted, or have pled guilty or no contest to certain crimes, or a juvenile court has found that you committed an offense that would be an excludable crime if you were an adult, or if you have certain pending criminal or juvenile charges, or you are indicated on the Department of Children’s Services indicated abuse perpetrator Registry, the Department of Health’s Vulnerable Persons Registry, the Tennessee Bureau of Investigation’s Sexual Offender Registry, you will not be able to be work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the agency.

You must answer the following questions even if your records, including juvenile records, were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or lawyer, told you that you no longer have a record.

Have you EVER:

1. been arrested, cited, or detained by any law enforcement officer (including military police)? Yes No
2. been charged with committing any crime or offense as a juvenile or an adult? Yes No
3. been convicted/found to have committed, pled guilty or pled no contest to any crime or juvenile offense? Yes No
4. been arrested for, charged with, convicted/found to have committed, pled guilty or pled no contest to DUI or DWI? Yes No
5. been placed in an alternative sentencing or rehabilitative program as a juvenile or an adult (For example: diversion, deferred prosecution, withheld adjudication)? Yes No
6. received a suspended sentence, been placed on probation, or been paroled? Yes No
7. been in jail, prison, or a juvenile/youth detention facility? Yes No
8. been charged with the violation of an order of protection? Yes No
9. been listed on the TBI sexual offender registry or sexual offender registry in any other state? Yes No
10. been listed in the TN Department of Health vulnerable persons registry? Yes No
11. been listed on the TN Department of Children’s Services’ indicated abuse perpetrator registry for abuse or neglect? Yes No

You must complete the following table if you answered “YES” to any of the questions in 1 through 11 of Part 3 above: (if you need more space, please use a separate sheet)

What was the criminal charge, juvenile offense, or registry listing?	Date	Location	Outcome or disposition
	/ /		
	/ /		

Please explain any circumstances that should be considered in determining whether to allow you to work in, volunteer at, provide substitute services to, reside in, or have any access whatsoever to the center/agency:

The penalty for falsification of the information required on this form is criminal prosecution and can result in a jail sentence of up to 6 months and twenty-nine (29) days or a fine of up to twenty-five hundred dollars (\$2500), or both.

I certify, under penalty of law, that the information I have provided is complete and accurate. I authorize the release of any adult criminal or juvener or any abuse registry records, or any information in the records, and any disclosures made in this form, to the Department of Human Services and or entity it may designate to assist in the review of my criminal/juvenile or abuse registry history.



Tennessee Child Care Provider Annual Professional Development Plan

Personal Information (completed by staff member)

First & Last Name _____

Position _____ Date of employment _____

Facility _____ Phone _____

Licensing Date: From _____ to _____ Year _____

Highest level of education attained: circle one

GED, High School, Some College, CDA, Associate's Degree, Bachelor's Degree, Master's Degree

What is your educational goal? circle one

Improve my job skills, GED, High School, Some College, CDA, Associate's Degree, Bachelor's Degree, Master's Degree, Doctorate

Professional Survey (completed by administrator with input from staff member)

Please mark **SK** if staff person is somewhat knowledgeable, **K** if knowledgeable, or **N** if more information is needed about the following:

_____ Child Development	_____ Family Relationships	_____ Guidance
_____ Professionalism	_____ Health & Safety	_____ Individual & Cultural Diversity
_____ Learning Environments	_____ Developmentally Appropriate Practice	
_____ Administration	_____ Inclusion/special needs	_____ Observation & Assessment
_____ Language/literacy	_____ Curriculum Planning	_____ Technology

Professional Areas for Improvement/Short-term goals (completed by staff member with input from administrator)

Choose at least two areas (from the above survey or content list in guide) to complete this sentence: "This licensing year I would like to improve my knowledge and/or skills in 1. _____ and 2. _____."

Other short-term goals:

Professional Plan of Action to Improve Knowledge and/or Skills (completed by staff member with input from administrator)

How do you intend to build knowledge on each short-term goal this year? Check all that apply.

1. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance
 Other (explain) _____

2. Workshops Professional Conferences Academic Coursework Targeted Technical Assistance
 Other (explain) _____

Long-term goals (completed by staff member)

Professionally, in five years ...

Needed to achieve long-term goal:

- Job security
- Advancement opportunities
- Administrative support
- Financial assistance

I would be interested in:

- Accreditation
- Administrator's Credential
- Infant/Toddler Credential
- Other: _____

Director's Signature

Date

Employee's Signature

Date

REFERENCE QUESTIONNAIRE

TO:

FROM (NAME & TITLE):

DATE:

CONFIDENTIAL

Your name was given as a reference by _____, who has applied for the position of _____ in the _____. As a condition of employment, any applicant/employee must have on file a record of 3 references contacts. Please complete the questionnaire and return it as soon as possible in the enclosed envelope. I will be contacting you to confirm your statements. Thank you for your attention to this matter.

1. How long have you known the applicant? _____ In what capacity (Your relationship)?

2. Have you observed him/her with children? _____ If so, in what situations?

3. How do you feel about his/her emotional and physical ability to handle the responsibilities involved in providing daily child care?

4. What particular skills does he/she have in dealing with children?

5. Does he/she understand the needs of young children? _____

6. Do you have concerns about his/her ability to provide child care? If so, explain.

7. Additional Comments:

Signature

Daytime Phone Number

Date



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES
CHILD CARE PROVIDER MEDICAL REPORT**

A. TO BE COMPLETED BY PROVIDER:

Name: _____ Birth Date: _____

Address: _____
Street
City
State
Zip Code

I, _____, hereby authorize the physician(s) name below to release information
 (Provider/Patient's Signature)
 to the Department of Human Services for approval/licensure or employment as a child care provider.

Name of Physician(s):	Address:
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Purpose of Examination: <input type="checkbox"/> Initial Employment <input type="checkbox"/> Re-examination	Type of Activity In Child Care (check all that apply): <input type="checkbox"/> Caregiver <input type="checkbox"/> Food Preparation <input type="checkbox"/> Driver <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> Other: _____
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B. TO BE COMPLETED BY PHYSICIAN(S):

1. How long have you known this patient or have had knowledge of their medical history? _____

2. In your opinion, does this person have:	<u>YES</u>	<u>NO</u>	
a. The ability to lift 40 pounds?	_____	_____	
b. The agility to move quickly to keep pace with toddlers?	_____	_____	
c. The stamina to remain alert and energetic for 8 hours or more?	_____	_____	
d. Any condition which requires restriction of activity or which could affect patient's temperament and interaction with children? (If so, explain in Number 3)	_____	_____	

3. Specify any physical, mental, or emotional limitation affecting this person's ability to care for a group of children.

4. Is this patient currently taking any medications which could affect their work role or interaction with children?
 Yes No If yes, please explain: _____

5. Additional Comments: _____

_____ Physician's Signature	_____ Date
_____ Physician's Signature	_____ Date

Handout VIII-10

Staff Agreement

WHEREAS, new staff members are an **extremely valuable** part of the child care center, and

WHEREAS, management desires to create a **consistent, empowered workforce** and **environment**, and

WHEREAS, **employee harmony** in the workplace is critically important to young children's growth and development,

I, as a new staff person, acknowledge I have read and understand the following written materials related to my new position.

I received and have read the following materials:

- Parent Handbook
- Personnel Handbook
- Job Description
- Job Expectations
- Handbook Feedback Form
- Staff Evaluation
- The Confidentiality Agreement
- The Way – the employer's expectations
- The Corrective Plan of Action

I further acknowledge that I accept the responsibility associated with this position and will comply with the above policies in addition to verbal instructions from the administration and support personnel.

I understand that non-compliance with the center's policies and procedures will result in a written notification in the form of a Corrective Plan of Action. At that time I will be given an opportunity to modify my behavior.

Special Comments or Conditions to the working relationship:

EMPLOYEE

DATE

DIRECTOR

DATE

Source: The National Association of Child Care Professionals. *Management tools of the trade*. Christiansburg, VA: NACCP (304-A Roanoke St., Christiansburg, VA 24073, 1-540-382-5819.) Reprinted with permission.

Handout VIII-9

New Employees Orientation Sheet

Name _____ Date _____ Age Group _____

Please initial or check off as you go through the orientation list. As you go through this list, there will be no doubt that you will have questions. Please make a list and we will discuss them at the end of the orientation period.

- Program's Philosophy _____
- Toured the Center _____
- Locate the following:
 - First Aid Box _____
 - Fire Evacuation Plans _____
 - Staff Bathrooms _____
 - Staff Storage _____
 - Time Clock _____
 - Daily Staff News Notebook _____
 - Kitchen and Children's Bathrooms _____
 - Where to Park _____
- I have met Staff Members _____
- I have introduced myself to at least 3 parents _____
- I read and signed the Confidentiality Policy _____
- I read Personnel Policies _____
- I read Parent Handbook _____
- I read State Standards _____
- I have reviewed the following:
 - Morning Health Checks _____
 - Infection Control Policy _____
 - Hand Washing Policy _____
 - Attendance Record Keeping _____
 - Behavior Management Policy _____
 - Playground and Safety Procedures _____
- I have practiced the following:
 - Fire Alarm Procedure _____
 - First Aid/Accident Procedure _____
 - Medication Procedure _____
 - Child Abuse/Neglect Reporting Procedures _____
- I have completed the Handbook Feedback Test _____
- I have signed the Confidentiality Agreement _____

Signature of New Staff Member

Director's Signature

Date

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