

PERSONNEL FORM

CHILDREN'S CENTER _____

Name _____
Last First Middle /Maiden Previous Married Name(s)

Position Social Security # / Date of Birth Director Sex Race

<p>Employment Date _____ Date in Child Care Field _____ Employment Application _____ Annual Attestation of Good Moral Character _____ Expiration Date _____ _____ Expiration Date _____ _____ Expiration Date _____ _____ Expiration Date _____ Acknowledgment Form _____ Proof of Education _____ Highest Level _____ _____ Education Qualification DNW ___ SACW ___ SMIC ___ T ___ TIC ___ TIP ___ ECE credits _____ Recency Date _____</p>	<p>Employment History Check Submitted _____ Received _____ Local Criminal Records Check Submitted _____ Received _____ 5 Year Local Submitted _____ Received _____ Fingerprint Check (original) Submitted _____ Received FDLE _____ _____ Received FBI _____ 5 Year FDLE Submitted _____ Received _____ Submitted _____ Received _____ Submitted _____ Received _____</p>	<p>First Aid Certificate _____ Expiration Date _____ Infant/Child CPR Certificate Expiration Date _____ _____ 40 Hour Training _____ Starting Date _____ Part I _____ Date _____ Part II _____ Date _____ Infant Care Training 10 HR. <input type="checkbox"/> 3 HR. <input type="checkbox"/> _____ Date _____ Literacy Training _____ Date _____ Director's Training Orientation for Infant Care _____ Date _____ Director Credential _____ Expiration Date _____ Certificate Number _____ Multi-site Director Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Credentialing Requirement National Early Childhood Credential _____ Expiration Date _____ Formal Education _____ Date _____ Birth – 5 FCCPC _____ Expiration Date _____ Apprenticeship CCAC _____ Expiration Date _____ School-Age Certification SACP _____ Expiration Date _____ Equivalency ECPC _____ Expiration Date _____ School Age FCCPC (Military) _____ Expiration Date _____ Employment History Recognition Exemption _____ Date _____ Annual 10-Hour In-service Training 2006/2007 _____ 2007/2008 _____ 2008/2009 _____ 2009/2010 _____ Driver's Requirements Driver's License Exp. Date _____ Driver's Physical Exp. Date _____</p>
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Verification Dates: _____