

EMPLOYMENT INFO

Name _____

Address _____

Home Phone _____

Cell Phone _____

Social Security Number _____

DL # _____

Date of Birth _____

Emergency Contacts:

Name _____

Name _____

Address _____

Address _____

Phone Numbers _____

Phone Numbers _____

Hire Date _____

Pay Rate _____

Remarks _____

SUPERVISOR'S SIGNATURE OF APPROVAL _____

①

APPLICATION FOR EMPLOYMENT
IN A CHILD CARE FACILITY

Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.

Applicant's Name (please print) _____

Address _____

County _____

City _____

Zip _____

Phone Number: () _____ Citizenship: ___USA ___Other
D.O.B: _____ Social Security Number: _____

Position for which you are applying: _____

Emergency Contact Information:

Name _____

Relationship _____

Address _____

Phone Number _____

Please answer the following questions:

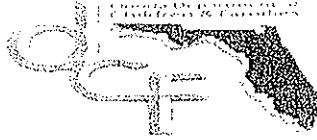
1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home?

_____ Yes _____ No

2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?

_____ Yes _____ No

If yes, please explain: _____



BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS
(To be used by operator in employee files)

Authority s. 402.301-319, F.S.
Ch. 435, F.S.
Ch. 65C-22, F.A.C.

Name of Facility: HALA PINTS LEARNING CENTER

Name of Employee:

Date of Birth: Employment Date:

*Social Security #:

The Fingerprint Card is due to Florida Department of Law Enforcement by the 10th day from the employment date. The Local Criminal Records Check (use the employee's county of residence) is due in the employee's personnel file by the 10th day from the employment date.

SCREENING DOCUMENTATION

Table with columns: Screening Item, Date Submitted (FDLE, FBI), Date Returned (FDLE, FBI). Rows include FINGERPRINT CARD, LOCAL CRIMINAL RECORDS CHECK, and Attestation of Good Moral Character.

5 Year Re-screen

Table with columns: Screening Item, Date Submitted, Date Returned. Rows include LOCAL CRIMINAL RECORDS CHECK and FDLE Criminal History Information Form.

OTHER REQUIREMENTS

Date Employment References Checked:
Names of References(attach additional documentation if necessary):

Employer Document Leave of Absence(if applicable):

Place in employees file and attach all background screening documentation.

*Pursuant to Chapter 435, F.S., the Department requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the department for security verification only.

CS-FSP 5131, February 2008

65C-22.000, F.S.

REQUEST FOR LOCAL CRIMINAL RECORDS CHECK

To: ALACHUA

County Sheriff's Office

The person listed below is in a position which is covered under the Background Screening law. And is required to have a local criminal record check. Please provide any information you have in your local records of this individual.

SUBJECT'S NAME:

ADDRESS:

DATE OF BIRTH:

RACE:

SEX:

SOCIAL SECURITY NUMBER:

RESULTS OF RECORD CHECK:

IF POSITIVE, PLEASE SEND AFFIDAVIT OF ARREST:

JEAN DAUTEL
NAME OF REQUESTOR

HALF PRINCE LEARNING CENTER
FACILITY

13505 W NEWBERRY RD
ADDRESS

NEW BERRY FL 32669

**Child Abuse & Neglect Reporting Requirements
Acknowledgment**

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with section 39.201 of the Florida Statutes (F.S.).

- * "Child Abuse or Neglect" is defined in s. 39.201(e), F.S., as "harm or threatened harm" to a child's mental or physical health or welfare by the acts or omissions of a parent, adult household member, or other person responsible for the child's welfare, or for purposes of reporting requirements by any person.
- * Reports must be made immediately to the centralized Florida Abuse Hotline Information System at 1-800-962-2873.
- * All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- * It is important to give as much identifying and factual information as possible when making a report.
- * Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- * Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect.

Categories include:

- Physical Abuse (i.e. unexplained bruises, burns, marks...)
- Physical Neglect (i.e. hunger, poor hygiene, lack of supervision...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)
- Mental Injury (i.e. impairment in the ability to function, depression...)

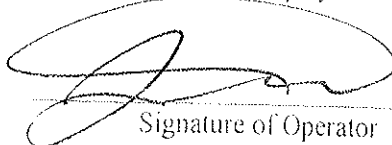
This statement is to verify that on _____, 20____, I, _____

read the above material.

Date

Name of Employee

Signature of Employee



Signature of Operator

SUPPLEMENTAL TO EMPLOYMENT APPLICATION

F.S. 402.3055 Child Care Personnel Requirements---

Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility?

_____ NO

_____ YES, Where? _____ When? _____

Optional: What were the circumstances? _____

Signature

Date

(15)



CHILD CARE ATTESTATION OF GOOD MORAL CHARACTER

By signing this form, I am swearing or affirming that I have not been found guilty or entered a plea of guilty or not contendere (no contest), regardless of the adjudication, to any of the following charges under the provisions of the Florida Statutes or under any similar statute of another jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify my employer of any possible disqualifying offenses that may occur while employed in a position subject to background screening under Chapter 435, Florida Statutes.

Relating to.

- Sections: 393.135 relating to sexual misconduct with certain developmentally disabled clients
- 394.4593 relating to sexual misconduct with certain mental health patients
- 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults
- 741.30 domestic violence and injunction for protection (defined in 741.28) means any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking, kidnapping, false imprisonment, etc. of a family or household member
- 782.04 murder
- 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- 782.071 vehicular homicide
- 782.09 killing an unborn child by injury to the mother
- 784.011 assault, if the victim of offense was a minor
- 784.021 aggravated assault
- 784.03 battery, if the victim of offense was a minor
- 784.045 aggravated battery
- 784.075 battery on a detention or commitment facility staff
- 787.01 kidnapping
- 787.02 false imprisonment
- 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
- 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
- 794.011 sexual battery
- 794.041 prohibited acts of persons in familial or custodial authority (former)
- Chapter: 796 prostitution
- Section: 798.02 lewd and lascivious behavior
- Chapter: 800 lewdness and indecent exposure
- Section: 806.01 arson
- Chapter: 812 felony theft and/or robbery and related crimes, if a felony
- Sections: 817.563 fraudulent sale of controlled substances, if the offense was a felony
- 825.102 abuse, aggravated abuse, or neglect of disabled adults or elderly persons
- 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- 826.04 incest
- 827.03 child abuse, aggravated child abuse, or neglect of a child
- 827.04 contributing to the delinquency or dependency of a child
- 827.05 negligent treatment of children
- 827.071 sexual performance by a child
- 843.01 resisting arrest with violence
- 843.025 depriving an officer means of protection or communication
- 843.12 aiding in an escape

CONTINUED ON NEXT PAGE



Chapter:	843.13	aiding in the escape of juvenile inmates in correctional institution
Section:	847	obscene literature
Chapter:	874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter:	893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Sections:	916.1075	relating to sexual misconduct with certain forensic clients
	944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
	944.46	harboring, concealing, or aiding an escaped prisoner
	944.47	introduction of contraband into a correctional facility
	985.701	sexual misconduct in juvenile justice programs
	985.711	contraband introduced into detention facilities

ONE OF THE FOLLOWING STATEMENTS MUST BE MADE:

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss.837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this caretaker position

Printed Name of Affiant

Signature of Affiant

Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or

Printed Name of Affiant

Signature of Affiant

Date

OR

for teachers and non-instructional personnel in lieu of fingerprint submission:

I swear or affirm that I have been fingerprinted under Chapter 1012, Florida Statutes, when employed as a teacher or non-instructional employee and have not been unemployed from the school board for more than 90 days. I swear the findings of that background check did not include any of the above offenses and that I meet the standards of good character for this caretaker position.

Printed Name of Affiant

Signature of Affiant

Date

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing disqualifying acts or offenses.

Printed Name of Affiant

Signature of Affiant

Date

Date

TO: _____

ADDRESS _____

Dear Sir or Madame:

This letter is to request an employment reference for an individual who is/was employed with you and is not applying for a position covered by the background screening law. This law includes child care providers, substitutes, and other residents in the home where child care is provided.

Please complete the reverse side of the form and return it to the address listed below. Your assistance is greatly appreciated. If you have any questions, please contact me at the number listed below.

APPLICANT'S NAME: _____

DATES OF EMPLOYMENT WITH YOU: _____

POSITION APPLIED FOR AT THIS FACILITY: _____

Sincerely,

JEFF DAUTEL

Name

MANAGER

Facility/Title

13505 NW Newberry Rd

Address

Newberry FL 32661

City/State/Zip

352-331-5674

Telephone Number

Applicant's Job Title
When Employed With You: _____

Dates of Employment: _____

Beginning Salary: _____ Ending Salary: _____

Would you rehire? Yes _____ No _____

	<u>EXCELLENT</u>	<u>GOOD</u>	<u>FAIR</u>	<u>POOR</u>	<u>UNABLE TO JUDGE</u>
Ability to Work With Minimal Supervision	1	2	3	4	5
Quality of Work	1	2	3	4	5
Quantity of Work	1	2	3	4	5
Knowledge of Job	1	2	3	4	5
Initiative	1	2	3	4	5
Relationships	1	2	3	4	5
Leadership	1	2	3	4	5
Dependability	1	2	3	4	5
Oral Communication	1	2	3	4	5
Written Communication	1	2	3	4	5
Judgement	1	2	3	4	5
Attendance	1	2	3	4	5
Punctuality	1	2	3	4	5
Supervisory Skills	1	2	3	4	5

Comments: _____

Are you aware of any information that might cause you to question this individual's suitability for employment where he/she would come into direct contact with children? Please give details if the answer is yes: _____

Name (print): _____ Title: _____

Signature: _____ Date: _____

3. Associate degree or higher with 6 college credit hours in early childhood/child development plus 480 hours experience in a child care setting serving children ages birth through eight years of age.

Institution Name _____ Date Degree Earned _____

Degree (attach a copy of your official transcript) _____ Major _____

For documentation of experience follow directions outlined in Section E, below



SECTION C - APPROVED CDA EQUIVALENCY TRAINING PROGRAMS

Graduate of an approved CDA Equivalency Program. Contact the local Child Care Training Coordinator or visit the department's website at <http://www.myflorida.com/childcare/training> to obtain a list of the Early Childhood Education Training Organizations that offer a state-approved CDA Equivalency Training Program.

Institution Name _____ Date Issued _____

Name of approved Equivalency Program (attach a copy of your CDA Equivalency certificate, transcript or diploma) _____



SECTION D - THE FLORIDA SCHOOL-AGE CERTIFICATION TRAINING PROGRAM
(Attach a copy of certificate CF-FSP 5256)

Date Certificate Issued _____



SECTION E - EMPLOYMENT HISTORY RECOGNITION EXEMPTION

Describe your work experience in detail below, beginning with your current or most recent job. Use a separate block to describe each position. If needed, attach additional sheets, using the same format as on the application. Attach documentation for all of the following:

- a) Copies of notarized letters, W-2 Forms, licensing records or income tax return forms, etc., for each place of employment.
- b) Proof of ten (10) or more years of documented experience (consecutive or non-consecutive), working with children in child care from July 1, 1980 to July 1, 1995 or ten (10) years of teaching experience in early childhood education through grade three (3) in a public or private school, including teachers and teachers aides from July 1, 1980 to July 1, 1995. Employment experience must include a minimum of 15 hours per week or 540 hours per year working with children in a licensed, registered, or exempt child care program as defined in s 402.301 - 319, F.S., or teaching experience in a public or private school.
- c) Proof of employment in child care on July 1, 1995.
- d) A copy of your high school diploma/certificate or G.E.D.