

**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** \_\_\_\_\_



## BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS

Place in employee file and attach all background screening documentation.  
 Authority: s. 402.301-319, F.S., Ch. 435, F.S., and Ch. 65C-22, 65C-20, F.A.C..

Name of Employee: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employment Date: \_\_\_\_\_

\*Pursuant to Chapter 435.05, F.S., the Department's license/registration application requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the Department for identity verification only.

Position Classification (check one)	Position Type (check all that apply)	Age Group Assigned (check one)	Education Level (check one)
<input type="checkbox"/> Child Care Personnel <input type="checkbox"/> Intermittent Volunteer <input type="checkbox"/> Other Personnel	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher (must select age group) <input type="checkbox"/> VPK Instructor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Substitute	<input type="checkbox"/> 0 – 12 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 4 Years VPK <input type="checkbox"/> 5+ Years <input type="checkbox"/> Mixed <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No High School/GED <input type="checkbox"/> High School Student <input type="checkbox"/> High School/GED <input type="checkbox"/> National Early Childhood Credential <input type="checkbox"/> Birth Through Five Child Care Credential <input type="checkbox"/> School-Age Child Care Credential <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or Higher

### SCREENING DOCUMENTATION

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.

#### Initial Screen

	Date Submitted	Date Returned	
	<u>FDLE/ FBI</u>	<u>FDLE</u>	<u>FBI</u>
FINGERPRINT CARD			
LOCAL CRIMINAL RECORDS CHECK			
Attestation of Good Moral Character (due on or before employment and annually thereafter)		N/A	

#### 5 Year Re-screen

	Date Submitted	Date Returned
LOCAL CRIMINAL RECORDS CHECK		
FDLE Criminal History Information Form		

### OTHER REQUIREMENTS

Date Employment References Checked: \_\_\_\_\_

Names of References (attach additional documentation if necessary): \_\_\_\_\_

Leave of Absence Documentation from Employer (if applicable): \_\_\_\_\_

LOCAL

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:

JEFF DAVID

NAME OF REQUESTOR

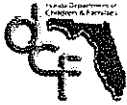
HALF PRINT Learning center

FACILITY

13505 W NEWBERRY RD

ADDRESS

NEW BERRY FL 32669



## Child Abuse & Neglect Reporting Requirements

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 s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person, responsible for the child's welfare, or for purposes of reporting requirements by any person.

**Categories include:**

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a first degree misdemeanor. **Remember**, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* 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.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflorida.com/childcare](http://www.myflorida.com/childcare) and select "Training Requirements." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_  
Date Print Name of Employee

Read and understood the information and my mandated reporting requirements.

\_\_\_\_\_  
Signature of Employee (for facility or large family child care home)

\_\_\_\_\_  
Signature of Operator

SUPPLEMENTAL TO EMPLOYMENT APPLICATION

F.S. # 3955 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

EMPLOYMENT HISTORY CHECK

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

City/State/Zip

352-331-5374

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: \_\_\_\_\_



## 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 nolo 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

CONTINUED ON NEXT PAGE

	843.12	aiding in an escape
	843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter:	847	obscene literature
Section:	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 offenses.

\_\_\_\_\_  
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