

Personnel Information

Program name		Lic	ense number	
Personnel or Applicant				
First name Middle name Las	t name	Social	Security number	
Date of birth All previous names, including	g aliases and maiden			
Street address	City	State	ZIP code	
Mailing address or PO Box	City	State	ZIP code	
Email				
Phone number with area code	Alternate phone num	ber with are	a code	
Education				
Do you have a high school diploma, General Ed credential, or Licensing approved equivalent?	lucation Development (G	ED)	☐ Yes ☐ No	
When NO , are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?			☐ Yes ☐ No	
What is the highest grade you have completed:				
List child care credentials or educational certificates Expiration date(s)				
College				
College/university/school	Location(s)			
Degree or credential Major/minor	Attendance ((MM/YY - M	M/YY)	

First name	 Last name			K8	se number	
Thornamo	East name			LIGGIN	oc number	
Graduation date	Nun	nber of complete	d semester	hours if you di	d not graduate	
College/university/scho	ool	i	Location(s)			
Degree or credential	Major/minor Atter		Attendance (tendance (MM/YY - MM/YY)		
Graduation date	Nun	nber of complete	d semester	hours if you die	d not graduate	
Previous Child Care I	Employment					
	Address					
Employer name	(city, state, zip code)	Phone	Full or part-time	Dates of employment		
				From	То	
				From	То	
				From	То	
Personal References						
All applicants for all per of them from your most	-		on-relative re	eferences, with	at least two	
Name		Phone num	ber Re	elationship		
Mailing address or PO	Вох	City	St	ate Z	ZIP code	
Name		Phone num	ber Re	elationship		
Mailing address or PO	Вох	City	St	ate Z	IP code	

			K	.8	
First name	Last name		Li	cense nun	nber
Name		Phone number	Relationship		
Mailing address or PO Box		City	State	ZIP cod	de
Background Investigation					
Are you required to register under Rippy Violent Crime Offende		•	Act or Mary	☐ Yes	□ No
Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs?				e □ Yes	□No
Signature of Personnel or	Applicant				
I understand by completing this form a background investigation will occur prior to hire. I understand my registration on the Child Care Registry (Restricted Registry)			☐ Yes	□ No	
may occur when:	ation reveals a sr	pacified criminal histo	orv: or	☐ Yes	☐ No
 a background investigation reveals a specified criminal history; or an action against a child in care results in a confirmed or substantiated finding of abuse or neglect. 			☐ Yes	□ No	
I certify the information provi	ded on this form is	s true and complete.			
Signature of personnel or ap	plicant		Date		
Parent's signature when app	licant is a minor		 Date		

First name	Last name	<u>K8</u> License number		
Program Use Only				
Complete during hirin	g process by owner, responsible e	entity, director, or primary caregiver:		
Date Personnel Informa	tion form submitted to Licensing:			
Form must be submitted	d to Licensing within 2 weeks of empl	oyment		
Date Restricted Regist	ry search completed:			
Date three reference ch	ecks completed :			
Date preliminary crimin	nal history review results received, wh	nen applicable:		
Date complete criminal history review results received:				
Employment date Po	osition(s) assigned or title			
Signature of Owner, Responsible Entity, Director, or Primary Caregiver				
I understand giving false	or incomplete information may resu	It in denial or revocation of my license.		
Signature of owner, resp	oonsible entity, director, or primary ca	aregiver Date		