## CHILD CARE PROVIDER APPLICATION FOR EMPLOYMENT

| 1. Name:  Last First Middle Social Security  2. Address:  Street or Rural Route Phone Num  City State Zip Code  3. Position Applied For:  4. Next of Kin or Other Person to Reach In An Emergency: | nber                         |
|--|------------------------------|
| City State Zip Code  3. Position Applied For:  |                              |
| 3. Position Applied For:   |                              |
| 3. Position Applied For:   |                              |
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| 4. Next of Kin or Other Person to Reach In An Emergency:   |                              |
|  |                              |
| Name Relationship Phone Nu   | mber                         |
| 5. Age: Are you 18 years of age or over?   |                              |
| 6. Educational Background: (List diplomas, degrees, and certificates)  Title of Diploma, etc. School/Institution Complete Address Dates  |                              |
| Title of Diplottic, etc.   |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
| 7. Educational Experience: (List all training received; e.g. workshops, conferences and course Title Place Date Hours  | work)<br>Credited            |
| Title Place Date Hours   |                              |
|  |                              |
|  |                              |
|  |                              |
|  |                              |
| 8. Employment History: (List most recent job first)  Place Position/Job Dates Reason for Lo  | eaving                       |
|  |                              |
|  |                              |
|  |                              |
|  |                              |

|                                  | Other Experience with You   | oung Children: (Up to age 9)  Purpose/Job   | Dates                                  | Contact Person   |  |
|----------------------------------|---|---|--|--|--|
|                                  |   |   |  |  |  |
|                                  |   |   |  |  |  |
|                                  |   |   |  |  |  |
|                                  |   |   |  |  |  |
|                                  |   |   |  |  |  |
| 10.                              | References: (List at leas   | st 3 non-relatives, including all forme<br>ess references. Use separate shee                                    | er employees, and<br>t, if necessary.) | other character and  |  |
|                                  | Name/Title  | Address   | Phone Number                           | er How Long Known  |  |
|                                  | Name/ Hite  |   |  |  |  |
|                                  |   |   |  |  |  |
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|                                  |   |   |  |  |  |
| 4.4                              | Declarations  |   |  |  |  |
|                                  | Declarations:   |   |  |  |  |
| A.                               | Have you ever been und  | der investigation for neglect or abus   | se of children or fo                   | r any sexual offense   |  |
|                                  | (excluding any charges<br>Yes □   | there were full cleared)?   |  |  |  |
| B.                               |   | nvicted of a felony including any inv   | olving a suspende                      | d sentence?  |  |
|                                  | Yes   | No  |  |  |  |
| C.                               | Have you ever been cor  | nvicted of or pled guilty to any offen  | ise involving the m                    | anufacture,  |  |
|                                  | sale, distribution, or pos<br>Yes   | session of any illegal substance?   |  |  |  |
| D.                               | to the property of the affect of the property of the polymore |   |  |  |  |
|                                  |   |   | y.,                                    |  |  |
|                                  | Al-   |   |  |  |  |
|                                  |   |   |  |  |  |
|                                  | Back was to the second of the |   |  |  |  |
| CA §                             | §71-3-529 states that "eac  | ch person applying to work with chil  | ldren as a voluntee                    | er or as a paid employe  |  |
| ith a                            | child welfare agency as   | defined in § 73-3-501may complete   | ete an application of                  | on a form prescribed or  |  |
| ppro                             | ved by the Department to  | of Human Services] It is unlawful towingly failing to disclose required   | information shall b                    | be deemed to be  |  |
| alsific                          | cation to the same extent   | as providing false information. The   | e Department, in co                    | ooperation with the  |  |
| enne                             | essee Bureau of Investiga   | ition, mayverify the accuracy of the  | ne criminal violatio                   | n information."  |  |
| $C \wedge S$                     | C71.2.533 states that "a c  | child welfare agencymay require   | all persons applyin                    | a to work with children  |  |
| nv ca                            | apacityto agree to the re   | elease of all investigative records   | for the purpose of                     | verifying the accuracy   |  |
|                                  | al violation information co   | ontained on an application to work of   | or volunteer, and s                    | upply a fingerprint sam  |  |
| rimin                            | ubmit to a criminal history   | records check to be conducted by  | the Tennessee Bu                       | ireau of Investigation."   |  |
| rimin<br>nd s                    |   |   |  |  |  |
| nd s                             | ning this form I am affirm  |   | ve made are true a                     | and factual to the best o  |  |
| nd si<br>y sig<br>ny kn          | lowledge; and I am grantii  | ning that the above statements I hang permission for all persons, organ   | nizations, or agend                    | cies listed above in #6 -  |  |
| nd signy signy kn<br>10, a       | owledge; and I am grantions well as all investigative   | ning that the above statements I han<br>ng permission for all persons, organ<br>agencies and the Tennessee Bure | nizations, or agend                    | cies listed above in #6 -  |  |
| nd signy signy kn<br>10, a       | lowledge; and I am grantii  | ning that the above statements I han<br>ng permission for all persons, organ<br>agencies and the Tennessee Bure | nizations, or agend                    | cies listed above in #6 -  |  |
| nd sig<br>y sig<br>y kn<br>10, a | owledge; and I am grantions well as all investigative   | ning that the above statements I han<br>ng permission for all persons, organ<br>agencies and the Tennessee Bure | nizations, or agend                    | cies listed above in #6 -  |  |
| nd signy signy kn<br>10, a       | owledge; and I am grantions well as all investigative   | ning that the above statements I han<br>ng permission for all persons, organ<br>agencies and the Tennessee Bure | nizations, or agend                    | ies listed above in #6 -<br>, to be contacted for th   |  |