



CENTER STAFF/VOLUNTEER/SUBSTITUTE FORM

FACILITY _____ EMPLOYMENT DATE _____

NAME _____ DOB _____

SOCIAL SECURITY # _____ POSITION _____

ADDRESS _____ PHONE _____

EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

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EMPLOYMENT HISTORY: Please list last two years of employment.

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

EMPLOYMENT HISTORY: Please list last two years of employment.

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

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I HAVE READ AND UNDERSTAND THE "CHILD ABUSE AND NEGLECT IN FLORIDA – GUIDE FOR PROFESSIONALS.

SIGNED _____ DATE _____

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BACKGROUND SCREENING DATES:

"COMPLETE" SCREENING RESULTS LTR: _____ FDLE REPORT (if applicable): _____

ANNUAL LOCAL CRIMINAL RECORDS: _____ AFFIDAVIT GMC: _____

5 YR CLEARANCE LTR (if applicable): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAVE YOU EVER HELD A CHILD CARE LICENSE WITH THE DEPARTMENT OF CHILDREN & FAMILIES OR HILLSBOROUGH COUNTY CHILD CARE LICENSING? _____ YES _____ NO

2. WHILE EMPLOYED IN A CHILD CARE PROGRAM, HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION, OR BEEN THE PARTY RESPONSIBLE FOR A CHILD CARE FACILITY RECEIVING AN ADMINISTRATIVE FINE OR OTHER DISCIPLINARY ACTION? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

Signature Date