

PERSONNEL FORM

CHILDREN'S CENTER _____

Name _____
Last First Middle /Maiden Previous Married Name(s)

Position Social Security # / Date of Birth Director Sex Race

<p>Employment Date _____ Date in Child Care Field _____</p> <p>Employment Application _____</p> <p>Annual Acknowledgement Form _____ Expiration Date _____ _____ Expiration Date _____ _____ Expiration Date _____ _____ Expiration Date _____</p> <p>Affidavit of Good Moral Character _____</p> <p>Proof of Education _____ Highest Level _____</p> <hr/> <p>Education Qualification DNW ___ SACW ___ SMIC ___ T ___ TIC ___ TIP ___</p> <p>ECE credits _____</p> <p>Recency Date _____</p>	<p>Employment History Check Date Received _____</p> <p>Local Criminal Records Check Clearance Date Received _____</p> <p>5 Year Local Clearance Date Received _____ Received _____</p> <p>Fingerprint Check (original)</p> <p>FDLE Clearance Date _____</p> <p>FBI Clearance Date _____</p> <p>5 Year FDLE/FBI Clearance Date Received _____ Received _____</p> <p>Director/Owner 1651 _____ _____ _____</p>	<p>First Aid Certificate _____ Expiration Date _____ _____</p> <p>Infant/Child CPR Certificate Expiration Date _____ _____ _____</p> <p>40 Hour Training _____ Starting Date _____</p> <p>Part I _____ Date _____</p> <p>Part II _____ Date _____</p> <p>Infant Care Training _____ 10 HR. <input type="checkbox"/> 3 HR. <input type="checkbox"/> Date _____</p> <p>Literacy Training _____ Date _____</p> <hr/> <p>Director's Training</p> <p>Orientation for Infant Care _____ Date _____</p> <p>Director Credential _____ Expiration Date _____</p> <p>Certificate Number _____</p> <p>Multi-site Director Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Credentialing Requirement</p> <p>National Early Childhood Credential _____ Expiration Date _____</p> <p>Formal Education _____ Date _____</p> <p>Birth – 5 FCCPC _____ Expiration Date _____</p> <p>Apprenticeship CCAC _____ Expiration Date _____</p> <p>School-Age Certification SAPC _____ Expiration Date _____</p> <p>Equivalency ECPC _____ Expiration Date _____</p> <p>School Age FCCPC (Military) _____ Expiration Date _____</p> <p>Employment History Recognition Exemption _____ Date _____</p> <p>Annual 10-Hour In-service Training</p> <p>2009/2010 _____</p> <p>2010/2011 _____</p> <p>2011/2012 _____</p> <p>2012/2013 _____</p> <hr/> <p>Driver's Requirements</p> <p>Driver's License Exp. Date _____</p> <p>Driver's Physical Exp. Date _____</p>
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Verification Dates: _____