



**PERSONNEL FORM**

**CHILDREN'S CENTER \_\_\_\_\_**

Name \_\_\_\_\_  
Last First Middle /Maiden Previous Married Name(s)

\_\_\_\_\_  
Position Social Security # / Date of Birth Director Sex Race

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