



\*\*\* Kinder Kollege

Where quality child care and learning meets.  
Child Information Form

### KINDER KOLLEGE APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date of Application \_\_\_\_\_

Position \_\_\_\_\_

**Date Hired** \_\_\_\_\_

<b>Name:</b>	_____			
	Last	First	Middle	Maiden (if applicable)
<b>Address:</b>	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
<b>Telephone Number:</b> (    )		<b>Date of Birth:</b>		
<b>Driver's License Number:</b>		<b>Expiration Date of Driver's license:</b>		

**EDUCATION:**

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

**CHILD CARE TRAINING:**

Social Security number: \_\_\_\_\_

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/ Workshop/conference	Sponsor	Location	Date(s)	Number of hours

**EMPLOYMENT HISTORY:**

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

**REFERENCES:**

List at least three persons who are not related to you by blood, marriage, or adoption. to be contacted as references. **At least one must be a former employer.** Addresses must be complete and accurate.

Name of Former Employer: \_\_\_\_\_

**Last**

**First**

**Middle**

Address: \_\_\_\_\_

**Street**

**City**

( \_\_\_\_\_ )

**State**

**Zip Code**

**Area Code**

**Telephone Number**

Name: \_\_\_\_\_

**Last**

**First**

**Middle**

Address: \_\_\_\_\_

**Street**

**City**

( \_\_\_\_\_ )

**State**

**Zip Code**

**Area Code**

**Telephone Number**

Name: \_\_\_\_\_

**Last**

**First**

**Middle**

Address: \_\_\_\_\_

**Street**

**City**

( \_\_\_\_\_ )

**State**

**Zip Code**

**Area Code**

**Telephone Number**

**Criminal History Background Information Checks:**

**Current Criminal Charges:**

Are there any current criminal charges against you? \_\_\_\_\_ If  
yes, give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Clearance of State Central Registry on Child Abuse/Neglect:**

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

**By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.**

\_\_\_\_\_

**Signature** **Date**

**F. Reference form**

**REFERENCE FORM**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
*(Reference Contact)*

Address: \_\_\_\_\_  
*(Street) (City) (State) (Zip Code)*

\_\_\_\_\_ has applied to work in a child care facility (home or center)  
*(Name of applicant)* as a \_\_\_\_\_. He/she has given your name  
 as a person to be  
*(Position)*

contacted for information regarding his/her character, suitability to work with children and previous or prospective job performance. Please answer the following questions and provide any additional comments that could be helpful. Your response will be kept confidential.

1. How long have you known this person? \_\_\_\_\_

2. What is/was your relationship with this person? (friend, employer, pastor, neighbor, etc.)  
 \_\_\_\_\_

3. In your opinion, is this person:			Comments: _____
Dependable?	Yes	No	_____
Honest?	Yes	No	_____

Even-tempered?      Yes      No      .      \_\_\_\_\_

4. To your knowledge, does this person:      Comments: \_\_\_\_\_
- |                       |     |    |       |
|-----------------------|-----|----|-------|
| Use drugs?            | Yes | No | _____ |
| Drink excessively?    | Yes | No | _____ |
| Use abusive language? | Yes | No | _____ |

5. If you are/were an employer of this person, describe the type of work the person does/did and the quality of the work he/she performed. What was the reason for the person leaving your employment, if applicable?

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6. If you have young children, would you leave your own child/children in the care of this person? Yes No If no, please explain.

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7. To your knowledge, does this person have qualities, traits, or abilities that make him/her particularly suitable to care for children? Yes No Please explain.

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8. Do you know of any reason why this person might not be suitable to care for children? Yes No If yes, please explain.

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9. If you have any additional comments about this person you feel would be useful when considering his/her application for employment in a child care facility, please state below.

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CONFIDENTIAL