

**INFORMATION ON PERSON EMPLOYED IN A CHILD CARE FACILITY\***

I. Employing Facility \_\_\_\_\_

Address \_\_\_\_\_  
(Street and Number) (City) (Zip Code)

II. Person Employed \_\_\_\_\_  
(Date of Birth)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street and Number) (City) (Zip Code)

III. **Employment** Date Employed: \_\_\_\_\_

Position for which employed (Check appropriate item):

- Executive, Superintendent, or Director
- Licensed Practical Nurse (day care center only)
- Child Care Supervisor (child care institution)
- Early Childhood Teacher (day care center)
- Child Care Worker (child care institution)
- School-age Worker (day care center)
- Child Care Staff (group home)
- Early Childhood Assistant (day care center)
- Child Welfare Supervisor (child welfare agency)
- School-age Assistant (day care center)
- Child Welfare/Licensing Worker (child welfare agency)
- Substitute
- Registered Nurse
- Cook
- Teacher (residential facility)
- Clerical
- Housekeeping
- Other: \_\_\_\_\_

IV. **Previous Employment** (Last ten years of employment)

From	To	Name and address of Employer	Type of Work and Title

V. **Other Direct, Unpaid Experience with Children** (Such as scout work, Sunday School teacher)

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

**Report of Reference on File** (At least three character and/or business, from persons not related to the employee)

Name of Reference	Address	Relationship

**VI. Educational Background** (Circle the one item indicating highest grade completed)

Elementary Grade:

0 1 2 3 4 5 6 7 8

High School:

1 2 3 4

GED:

Yes  No

Years of College (Undergraduate):

1 2 3 4

Years of Graduate Work:

1 2 3 4

College Degree: \_\_\_\_\_ Graduate Degree: \_\_\_\_\_

Name of School, College, or University last attended: \_\_\_\_\_

Other Special Training or Professional License (Specify): \_\_\_\_\_

Professional License Number: \_\_\_\_\_

Evidence of Educational Achievement on File:  Yes  No \_\_\_\_\_ (Explain)

**VII. Physical Examination**

Last Examination (Date): \_\_\_\_\_

Name and Address of Examining Physician: \_\_\_\_\_

Health Clearance Report on File?  Yes  No \_\_\_\_\_ (Explain)

**VIII. Certification of Employment**

I, the employer, or authorized official of the employing facility, do hereby certify that the above-named person is employed in the position indicated and that, to the best of my knowledge is qualified for the position indicated, and employment is in accordance with minimum standards prescribed by the Department of Children and Family Services.

Signed: \_\_\_\_\_

Executive Director/Director: \_\_\_\_\_

**NOTE: ATTACH THIS FORM TO THE CFS 508 AND SUBMIT IT TO YOUR DCFS LICENSING REPRESENTATIVE**