

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)

***This facility should retain copy for its records.**

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