



THE BELOW INFORMATION IS ANSWERED ON A VOLUNTARY BASIS, UNLESS HIRED.

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_, DRIVER'S LICENSE # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

EMERGENCY INFORMATION:

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_

### EMPLOYMENT HISTORY

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

EMPLOYERS NAME/ADDRESS	POSITION/JOB	DATE(S) WORKED	REASON FOR LEAVING

### REFERENCES

List at least three persons not related to you whom we may contact as references. One should be a former employer or a teacher if not previously employed.

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE)

\_\_\_\_\_  
(ZIP CODE) (COUNTY) ( ) (TELEPHONE NUMBER)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE)

\_\_\_\_\_  
(ZIP CODE) (COUNTY) ( ) (TELEPHONE NUMBER)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE)

\_\_\_\_\_  
(ZIP CODE) (COUNTY) ( ) (TELEPHONE NUMBER)

Are you legally authorized to work in the United States? YES \_\_\_\_\_, NO \_\_\_\_\_. (If hired, proof will be required).

Have you ever been convicted of a criminal offense? YES \_\_\_\_\_, NO \_\_\_\_\_. If yes, give details \_\_\_\_\_

Have you ever been convicted for the use of drugs? YES \_\_\_\_\_, NO \_\_\_\_\_. If yes, give details \_\_\_\_\_

Have you ever been convicted of child abuse/neglect? YES \_\_\_\_\_, NO \_\_\_\_\_. If yes, give details \_\_\_\_\_

Have you ever been debarred? \* YES \_\_\_\_\_, NO \_\_\_\_\_. If yes, give details \_\_\_\_\_

*\*Debarment of disqualified under the non-procurement common rule or otherwise declared ineligible from receiving federal contracts, and certain federal assistance and benefits.*

**CRIMINAL HISTORY BACKGROUND INFORMATION CHECKS:** in accordance with Alabama law, (act 2000-775, effective November 1, 2002), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

You must complete a Mandatory Criminal History Notice Form and a Criminal history Information Consent and Release Form.

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

A completed **REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-FCS-1598)** 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)

