



Hillsborough County Florida

DEPARTMENT OF CHILDREN'S SERVICES CHILD CARE LICENSING DIVISION

CENTER STAFF/VOLUNTEER/SUBSTITUTE FORM

FACILITY _____ EMPLOYMENT DATE _____

NAME _____ DOB _____

SOCIAL SECURITY # _____ POSITION _____

ADDRESS _____ PHONE _____

EMERGENCY CONTACT: _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

EMPLOYMENT HISTORY: Please list last five years of employment. (Use additional sheets if necessary)

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

EMPLOYMENT HISTORY: Please list last five years of employment.

FACILITY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYMENT DATES _____ REASON FOR LEAVING _____

OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

I HAVE READ AND UNDERSTAND THE DCF "REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS".

SIGNED _____ DATE _____

BACKGROUND SCREENING DATES: www.dcfbackgroundscreening.com

"CLEARINGHOUSE" ELIGIBILITY DATE (every 5 years) _____ AFFIDAVIT GMC DATE (every 5 years): _____

LOCAL LAW CHECK (ANNUAL): _____ FDLE Sex Offender/Predator Check _____ Out of State Checks _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. HAVE YOU EVER HELD A CHILD CARE LICENSE WITH THE DEPARTMENT OF CHILDREN & FAMILIES OR HILLSBOROUGH COUNTY CHILD CARE LICENSING? _____ YES _____ NO

2. WHILE EMPLOYED IN A CHILD CARE PROGRAM, HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION, OR BEEN THE PARTY RESPONSIBLE FOR A CHILD CARE FACILITY RECEIVING AN ADMINISTRATIVE FINE OR OTHER DISCIPLINARY ACTION? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

Signature

Date