



**Application for Employment or Volunteer Services
Licensed/Certified Child Care Agency**

INSTRUCTIONS

PURPOSE

The purpose of the Application For Employment or Volunteer Services, Licensed/Certified Child Care Agency, DEL 10.9.2.13, is to assist the agency director in putting together information which would be necessary in making decision about hiring and to assist in checking the background of applicants who will have access to children. The form does not contain all the information desired by some agency directors. Directors may supplement this form as they see fit. Agencies may be granted approval by the Department of Early Learning (DEL) offices to use their own forms provided that those forms include essentially the same background information regarding employment history, volunteer history, educational background, references, and such.

USE OF FORM

The DEL 10.9.2.13 is used by all licensed/certified agencies.

In accordance with WAC 170-151-470

"Each employee and volunteer having unsupervised or regular access to the child in care shall complete and submit to the licensee or director by the date of hire: (a) An application for employment on a department-prescribed form, or its equivalent."

OR

In accordance with WAC 170-295-7050 (1) (a): (1)

"Each employee and volunteer who has unsupervised access to a child in care must complete the following forms on or before their date of hire: (a) An application for employment on a form prescribed by us, or on a comparable form approved by the department."

INSTRUCTIONS TO AGENCY

All licensed/certified agencies are to have each employee, assistant, or volunteer who has unsupervised access to children, expectant mothers, or developmentally disabled persons complete this form.

Retain a copy of the completed form in the agency's personnel files.



Employment Needs

- CPR/First Aid (Ask if classes are available through the center.)
- Portable Background Check (\$12 for initial sign up then \$45 for finger printing)
(<https://www.dcyf.wa.gov/services/earlylearning-profdev/merit>)
- Blood Bourne Pathogens
- Negative TB Test (Franklin Park Urgent Care)
- State of Federal Identification
- Social Security Card/Birth Certificate
- DCYF Trainings (see attachments below)
- Food Handlers Card (\$10.00 <https://www.foodworkercard.wa.gov/>)
- MMR Vaccination Proof/ Exemption
- Highschool Diploma/ GED
- Covid-19 Vaccine/ Proof Exemption request

Center Office Use Only:

Copies of

- CPR/First Aid
- Portable Background Check
- Blood Bourne Pathogens
- Negative TB Test
- ID
- Social Security Card/Birth Certificate



DCYF Trainings

1. Create a Merit account at (<https://www.dcyf.wa.gov/services/earlylearning-profdev/merit>)
2. Once a Merit account is created and you have your stars ID # go back to (<https://www.dcyf.wa.gov/services/earlylearning-profdev/merit>)
3. Click on online training portal
4. Click sign up
5. When signing up, this is where you will need your stars ID #
6. Create your account and start the required trainings

30 Hours stars Training (New Staff)

- <https://www.brightmindstraining.com/course-offerings/>
- <https://www.tlptraining.com/>

10 hours stars training yearly (All Staff)

- <https://www.brightmindstraining.com/course-offerings/>
- <https://www.tlptraining.com/>



Washington State Department of

Early Learning

Application for Employment or Volunteer Services Licensed/Certified Child Care Agency

1. Name of Agency					
2. Position for which you are applying				3. Date	
4. Your Name		5. Are you 16 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Social Security Number	
7. Your Home Address				8. Telephone Number	
9. Days and hours you are willing to work				10. Expected Salary	
11. Do you have a current:				YES	NO
Washington Food Service Worker permit? (required of all staff persons preparing full meals per WAC 170-151-250 & WAC 170-295-3170)				<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS training card?				<input type="checkbox"/>	<input type="checkbox"/>
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 170-151-220 & WAC 170-295-110)				<input type="checkbox"/>	<input type="checkbox"/>
Multimedia standard first aid card?				<input type="checkbox"/>	<input type="checkbox"/>
Infant-Child Cardiopulmonary Resuscitation (CPR) card? (required of all staff persons having regular contact with children per WAC 170-151-200 & WAC 170-295-1100)				<input type="checkbox"/>	<input type="checkbox"/>
12. Education:					
a. High school graduate or General Education Development (GED) test passed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Early childhood education course work in high school?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Post high school training (college, business school, military, etc.):				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name and Location	Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject
13. Conferences/workshops you have attended related to job duties:					
Title of Conference/Workshop		Clock Hours	Trainer or Sponsor		
14. Training and Special Skills					
15. Courses in Early Education					

16. Employment history (start with current or most recent employer, include volunteer experience):			
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			To Mo/Yr
Reason for Leaving			Total time employed
			Hour Per Week
			Last Salary
			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr:	
Address	City	State	Zip code
Duties/Responsibilities			To Mo/Yr
Reason for Leaving			Total time employed
			Hour Per Week
			Last Salary
			Supervisor's Name
Employed by:	Telephone #:	From Mo/Yr :	
Address	City	State	Zip code
Duties/Responsibilities			To Mo/Yr
Reason for Leaving			Total time employed
			Hour Per Week
			Last Salary
			Supervisor's Name
If more space is needed to write your employment history, attach another sheet of paper or your resume.			
17. May we contact your present employer?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Address	Telephone Number	
19. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.			
Your Signature			Date