Todd's Friends Daycare

1807 BEECH AVE SE CULLMAN AL 35055 (256) 737-7599 * Fax (256) 734-3231



Dear Applicant,

We want to thank you for your interest in working with us. Attached you will find an application, reference request, and background check. We ask that you fill in each blank where appropriate and write **COMPLETE** addresses including city, state, and ZIP when asked. Incomplete applications will not be considered.

*** Please write legibly ***

This Employer Participates in E-Verify





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This employer will pròvide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security

(DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match

> the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

> If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.

Evenify Done.

For more information on E-Verify, please contact DHS at:





E-VERIFY IS A SERVICE OF DHS AND SSA

E. Application form for staff

DHR-CDC-1947

Revised 1/06

APPLICATION FORM FOR STAFF

		Da	-	oplication Position ate Hired		
Name:						•
	Last	Firs	t	Middle	Maiden (if a	ipplicable)
Address:	City:_	t:				
To 1 home N	·	()		Zip Code		
Telephone None Priver's Lice				e of Birth: piration Date of	Driver's licer	ıse:
EDUCATION			•			
EDUCATI		School/Institution	1	Dates Attended		/Degree/ ficate
Elementary						
High School						
College						
Graduate						
Other						
additional pages i	workshops, f necessary	, and conferences related t /. Attach copies of certification	ates receiv	ved.		
Title of course/ Workshop/conf		Sponsor	Lo	ocation	Date(s)	Number o hours
A10-						

EMPLOYMENT HISTORY:

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

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption. to be contacted as references. **At least one must be a former employer**. Addresses must be complete and accurate.

Name of For	mer Employer:			
	1 /	Last	First	Middle
Address:				
	Street		City	
	Gt. 4	g: C 1		(T.) 1 N. 1
	State	Zip Code	Area Code	Telephone Number
Name:				
	Last	First	Middle	•
Address:				
	Street		City	
			()	
	State	Zip Code	Area Code	Telephone Number
Name:				
	Last	First	Middle	2
Address:				
	Street		City	
			()	
	State	Zip Code	Area Code	Telephone Number

Criminal History Background Information Checks:

In accordance with Alabama law, (<u>Code of Alabama 1975</u>, Title 38, Chapter 13, effective November 1, 2000), 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.

from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.
Current Criminal Charges:
Are there any current criminal charges against you? If yes, give details.
Clearance of State Central Registry on Child Abuse/Neglect: A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-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

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The fee must be submitted with the fingerprints and the consent form. Required forms are available

Agen	icy Nan	ne: <u>Todd's Frie</u>	ends Daycare				
4 1 1		4007 Daniel Ave					
Addı	ress:	1807 Beech Ave	enue S⊑				
City:	: <u>Cı</u>	ullman		State:	Alabama	Zip: <u>35055</u>	
the Depa completed determinated report and informated result in noto continuestigation	who hold a artment of I artment	license or work in a Del- fuman Resources, or a larate information on your tability to provide care by determination have provide fingerprints at the ti- employment, approval, of Any individual determinassible prosecution. An	partment of Human Re licensed child placing a r criminal conviction he to children, the elderl reviously been obtained time of application for e or licensure. The term ned to have submitted individual who intent	esources licensed child ca gency, including all offi- istory upon application f y, or disabled individua d, you must complete a mployment. Refusal to conviction includes a de f false information shall	are or adult care home, cers and agents of the cor a license or employed. Is. Unless a criminal written request and concomplete these documents termination of guilt by the creferred to the distribution on the statements.	nts for certain DHR position a foster or adoptive home a critity. You are required to pment. This information shall history background information that history background information or a criminal history lents or providing false information at trial, by a plea of guilty, strict attorney or law enformatic guilty of a Class A minute.	pproved by provide full be used to attorn checkground mation share or a pleast freement for the province of the pleast freement for the province of the provin
,					e for employment, volu	inteer work, approval, or lice	ensure;
1, 2.	A sex c	, manslaughter, or crimit rime.	папу педидені поинск	IC.			
		rime includes the follow Enticing a child to e of the Code of Alaba	enter a vehicle, room, h ama 1975.			poses, as proscribed by Sect	
	ь) с)	Incest, when the offe Kidnapping of a mir of the Code of Alaba	nor, except by a parent	e victim is a minor, as pr , in the first or second de	roscribed by Section 13 egree, as proscribed by	3A-13-3 of the Code of Alab Section 13A-6-43 or Section	ama 1975 n 13A-6-4
	d)	Promoting prostituti Alabama 1975.	ion in the first or secon	d degree, as proscribed l	by Section 13A-12-111	or Section 13A-12-112 of	the Code of
	e) f) g)	Rape in the first or s Sexual misconduct, Sexual torture, as pr	as proscribed by Section 13 oscribed by Section 13	on 13A-6-65 of the Code A-6-65 of the Code of A	of Alabama 1975. Jabama 1975.	2 of the Code of Alabama 19	
	h)	Sexual abuse in the 1975.	e first or second degree	e, as proscribed by Sect	ion 13A-6-66 or Secti	ion 13A-6-67 of the Code of	of Alabam
	i) j)	Soliciting a child b computer as proscrib	bed by Sections 13A-6	urposes of committing -110 and 13A-6-111 of t	a sexual act and trans he Code of Alabama 19		a child b
	k)	Violation of the Ala 197 of the Code of A		shy Act, as proscribed by	/ Sections 13A-12-191.	, 13A-12-192, 13A-12-196,	or 13A-12
	l) m)	A crime listed in the	Community Notificati	commit any of the offension Act, Chapter 20 of T	itle 15 of the Code of A	Alabama 1975.	
3. 4.	A crime	committed against a ch	ild.	maltreatment of a child, t	the elderly, or an indivi	dual with disabilities.	
5. 6.	A crime Robber	e involving the sale or dis	stribution of a controlle	ed substance.			
7.	Convict	y. ion for a violation or att- would be a crime in Ala		offense committed outs	ide the State of Alaban	na is a sex crime or any othe	er crime th
previo Have	ous crimi you eve:	had a suitability d nal history inform been convicted o	nation backgroun of a crime? Yes	ide by the Departn d check? Yes ()	No (). If yes, s yes, state on the	esources in connection to DHR. In lines below the date is abled individual.	

Social Security Number _____

(770) 984-8997

APPLICANT INFORMATION (Please Print)		Account N	umber: 10	1-106709
Applicant Name: (First_Middle_Last)	Current Address: (st	treet address)		
Other Name(s) Used: (like Maiden)	City:	State:	Zip:	
Gender: * Male Female	Former Address: (1)	<u> </u>		
Social Security Number:*	City:	State:	Zip:	
Driver's License Number.: State:	Former Address: (2)			
Date of Birth: * Place of Birth: (City, State, Country	City:	State:	Zip:	
* This information will be used for purposes of background scr	reening only and will not be used	in making any employme	nt decisions.	
DISCLOSURE RE	EGARDING BACKGROUND IN\	VESTIGATION		
associates, including motor vehicle record (or "driving record personal references, social networking (i.e. Facebook, Twitte receive any criminal record information pertaining to you white Credit reports will only be requested where such information applying. These reports may be obtained at any time after re An "investigative consumer report" includes information from You have the right, upon written request made within a reason investigative consumer report and to request a copy of y investigative consumer report obtained with regard to applicate conducted by InfoMart, 1582 Terrell Mill Road, Marietta, GA scope of this disclosure and authorization is all-encompassing consumer reports and investigative consumer reports now are law. As a result, you should carefully consider whether to exconsumer report.	er), drug screening, any education of the interpretation of the files of any fed is substantially related to the dusceipt of your signed authorization personal interviews, except in Conable time after receipt of this revour report. Please be advised that for employment is an invest 30067, 800-800-3774 www.inforg, however, allowing Employer and, if you are hired, throughout the substantial of the control of t	onal and licensing institution and licensing institution and responsibilities on and, if you are hired, the California where that terminotice, to request disclosuhat the nature and scope igation into your education mart-usa.com or another to obtain from any outside he course of your employ	ion or military bra al justice agency of the position for proughout your e means any consure of the nature of the most com and/or employ outside organizate organization all ment to the exte	anch and to in any state. which you are mployment. sumer report. and scope of mon form of ment history ation. The I manner of
New York and Maine applicants or employees only: You requested by Employer by contacting the consumer reporting name, address and telephone number of the nearest unit of the provide within 5 days.	g agency identified directly above the consumer reporting agency of	e. You may also contact t designated to handle inqu	the Company to urines, which Emp	request the ployer shall
New York applicants or employees only: Upon request, you if such report was requested, informed of the name and addr				mployer, and
Oregon applicants or employees only: Information describe protection, the storage and disposal of your credit information secured records is available to you upon request.	oing your rights under federal an	d Oregon law regarding o	consumer identity	
Washington State applicants or employees only: Under the written summary of your rights. If you submit a request to Emdisclosure of the nature and scope of the investigative consucredit worthiness, credit standing or credit capacity, it will be dishonest behavior in the job for which you are being consider.	nployer in writing, you have the r imer report Employer ordered, if used to evaluate whether you w ered.	ight to get from Employer any. If Employer obtains ould present an unaccep	a complete and information bear table risk of theft	accurate ing on your or other
Minnesota and Oklahoma applicants or employees only: is obtained by the Company.	Please check this box if you wo	ould like to receive a copy	of a consumer i	report if one
APPLICANT: Signature:	Date:	<u>/ / / </u>	nfo)
Print Name:			ر Fax BOTH إ	pages to:

Applicant Name: (First Middle Last)	
	Account Number: 101-106709

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this Acknowledgement and Authorization and, if I am hired, throughout my employment. I understand that, except in California, InfoMart, 1582 Terrell Mill Road, Marietta, GA 30067 800.800.3774 www.infomart-usa.com, and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself may rely on this authorization to order additional consumer reports, including investigative consumer reports, from time to time during my employment, as deemed necessary for employment purposes and as allowed by law. I also authorize the following agencies and entities to disclose to InfoMart and its agents, and/or another outside organization acting on behalf of Employer, and/or Employer itself, all information about or concerning me, including, but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; insurance companies; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, drug testing results, and professional credentials and licenses. I agree that a facsimile ("fax") or photographic copy of this Acknowledgement and Authorization shall be as valid as the original.

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New York applicants or employees only: By signing	below, you also acknowledge receipt of Article 23-A of t	the New York Correction Law.
INVESTIGATION AND CREDIT CHECKS PURSUANT	p below, you also acknowledge receipt of the NOTICE R T TO CALIFORNIA LAW. Please check this box if you rt if one is obtained by the Company at no charge when	would like to receive a copy of an
APPLICANT:		
Signature:	Date://	Info
Print Name:		
		Fax BOTH pages to: (770) 984-8997

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