**Kiddie Korner Child Care Provider Application for Employment**

1. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Social Security Number

1. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or Rural

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code

1. Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Position Applying For\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Next of Kin or other Person to Reach in an Emergency

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Phone Number Relationship

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City/State Zip Code

1. Age: Are you over the age of 18? Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth

1. **Educational Background:** (list diplomas, degrees and certificates)

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| --- | --- | --- | --- |
| **Title of Diploma, Etc** | **School/Institute** | **Complete Address** | **Dates** |
|  |  |  |  |
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1. **Educational Experiences:** (List Training Received: Workshops, Conferences, Trainings and course work)

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| --- | --- | --- | --- |
| **Title** | **Place** | **Date** | **Hours Credited** |
|  |  |  |  |
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1. **Employment History:** (List most recent job first)

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| --- | --- | --- | --- |
| **Place** | **Position/Job** | **Dates** | **Reason for Leaving** |
|  |  |  |  |
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1. **Other Experience with Young Children:** (Up to age 9)

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| --- | --- | --- | --- |
| **Place** | **Purpose/Job** | **Dates** | **Contact Person** |
|  |  |  |  |
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1. **References:** (List at least 3 non-relative references, including all former employees, and other character and references. Use separate sheet if necessary.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Title** | **Address** | **Phone Number** | **How Long Known** |
|  |  |  |  |
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1. **Declarations:** (circle yes or no)

* Have you ever been under investigation for neglect or child abuse of children or for any sexual offense (excluding any charges that were fully charged)? Yes or No
* Have you ever been convicted of a felony including any involving a suspended sentence? Yes or No
* Have you ever been convicted of or pled guilty to any offence involving the manufacture, sale, distribution, or possession of an illegal substance? Yes or No
* If you answered yes to any of these, describe the offense, where it occurred, and when:

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TCA § 71-3-529 states that “each person applying to work with children as a volunteer or as a paid employee with a child welfare agency as defined in § 73-3-501 … may complete an application on a form prescribed or approved by the Department [of Human Services] … It is unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information. The Department, in cooperation with the Tennessee Bureau of Investigation may … verify the accuracy of the criminal violation information.”

TCA § 71-3-533 states that “a child welfare agency … may require all persons applying to work with children in any capacity … to agree to the release of all investigative records … for the purpose of verifying the accuracy of criminal violation information contained on an application to work or volunteer, and supply a fingerprint sample and submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigation.”

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, as well as all investigative agencies and the Tennessee Bureau of Investigation, to be contacted for the express purpose of pre-employment screening.

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Applicant’s Signature Date