

Application For Employment

Please fill out all requested information completely

Date: MM / DD/ YYYY

Name: _____

Date of Birth: _____

Address: _____

Soc. Sec: _____

City/State: _____

Phone: _____

Zip: _____ Contact in Emergency: _____

Email _____

Position	Availability	Expected Hourly Rate
<input type="checkbox"/> Teacher <input type="checkbox"/> Teacher Assistant <input type="checkbox"/> School Nurse <input type="checkbox"/> Substitute <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<hr/>

Education: (Please include High School, College and Graduate School)

School and Address:	Dates Attended:	Major/Study:

Please list early childhood education/child development courses or relevant training experiences:

Title:

Credits:

Place of Study:

Hobbies and Special Interests or Talents:

Work Experience: Please give full information on last three employers:

Name and Address:	Phone:	Supervisor:	Position/ Dates Employed:
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Other Relevant Work/ Volunteer Experiences:

Personal References: please list three additional references, not including relatives or supervisors:

Name and Address:	Phone:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Health:

How would you describe your general health? _____

Have you any defects in hearing? _____ Vision? _____ Speech? _____

Please Briefly describe any previous illness or injury you have had.

Have you ever filed a Workman's Comp. claim?

If yes, briefly describe circumstances: _____

Describe any physical limitations you may have, pertaining to working with small children:

Date of last physical exam: _____

Date of most recent TB Inoculation: _____

Personal Attitude Survey

These phrases refer to 2-6 year old children, teaching them in a preschool situation. Please complete each phrase within as few words as possible. Complete them quickly, briefly, and honestly. There are no right or wrong answers, only the way you feel.

- 1) Children are wonderful but: _____

- 2) When a child cries, I feel like: _____

- 3) When I speak to children: _____

- 4) Children who are not potty trained: _____

- 5) What children need most to make them happy is: _____

- 6) What children need most is: _____

- 7) A child feels unhappy when: _____

- 8) Children are naughty because: _____

- 9) Children who "pretend": _____

- 10) Friends are important to children because: _____

- 11) Children get into everything because: _____

- 12) Children learn most when: _____

- 13) Children's art: _____



STATE OF RHODE ISLAND
 Department of Children, Youth and Families
 101 Friendship Street
 Providence, RI 02903

DCYF Clearance Request/Results (Facility)

\$10.00 fee is required, (agency check, cashier check or money order payable to: "**General Treasurer State of Rhode Island**") – a personal check or cash is not accepted. Requests submitted without payment **will not** be processed.

Facility Name & Address:

Please indicate if subsequent

Facility E-mail address:

Facility Phone #:

Please indicate: Prospective Childcare operator or employee Foster Care provider
 Non-DCYF Adoption Employment Community Agency Volunteers who have supervisory authority over children without the presence of others Volunteer in a daycare setting Child Care and Community Agency Volunteers who **do not** have supervisory authority over children without the presence of others

INFORMATION RELEASE

I hereby authorize the Department of Children, Youth and Families to release to _____ information obtained as a result of their check of the Department's Indicated Child Abuse/Neglect records. I understand that this records check is required by R.I.G.L. 40-13.2-3.1 and that information obtained as a result of this check may be used by the Department or the facility in determining my suitability for employment in a Child Care facility. This authorization will expire upon receipt by the facility of the Clearance Check Results or ninety (90) days after the date of this authorization appearing below. Any information released and/or received as a result of this consent shall not be further relayed in any way to any person or organization outside of the Department without additional consent except as provided by statute.

Signature of Applicant	Date of Birth	Date of Authorization	
Last Name	First Name	Middle	Maiden
Address _____			
# & Street	City/Town	State	Zip Code

BACKGROUND CHECK RESULTS *(to be completed by DCYF staff)*

RICHIST: No Prior Contact

Case ID or Person ID: _____ Case Name: _____ States: Active Closed

Investigation #	Level	Status
Name	Involvement	Allegations

MASTERFILE:(Prior to 1984)

No prior Involvement



State of Rhode Island and Providence Plantations
 Rhode Island Department of Children, Youth and Families and Rhode Island Department of Human Services

**Fingerprint Affidavit for Individuals Required to be
 Licensed by the Department of Children, Youth and Families and/or the Department of Human Services**

Individual obtaining fingerprints from a Law Enforcement Agency	
Foster Care or Adoption	<input type="checkbox"/> Foster parent, resource parent, preadoptive parent, kinship parent, adoptive parent, household member of any of the above
Congregate Care or Residential Facilities for Youth	<input type="checkbox"/> Owners, operators, administrator, house manager, clinician, staff, program coordinator, volunteers, members of the board, custodians, clerical, chef, maintenance crew, etc.
Child Placing Agency	<input type="checkbox"/> Owners, operators, directors, clinicians, case managers, child caring staff members <i>(must have access to children without the supervision of others who have completed/cleared background checks.)</i>
Child Care Centers	<input type="checkbox"/> Child Caring Employee, Owner, Operator, Administrator, Education Coordinator, Site Coordinator, Parent Coop Employee, Substitutes, etc. <i>(must have access to children without the supervisor of others who have completed/cleared background checks)</i>
Family Child Care Homes	<input type="checkbox"/> Provider, Emergency Assistant, Assistant, staff, adult household member
Applicant Information	
Name	
Date of Birth	
Street Address	
City/Town, State, Zip Code	
List all states the applicant has lived (besides Rhode Island) in the last 5 years	
Provider Type	Where Results Should be Sent
Family Child Care Homes	<i>DHS.childcarelicensing@dhs.ri.gov</i>
Foster Care or Adoption	<i>DCYF.Licensing@dcyf.ri.gov</i>
Please send results of comprehensive background checks for Congregate Care or Residential Facilities for Youth, Child Placing Agencies, and Child Care Centers to the Applicant's Organization below:	
Name/Facility/Agency/Organization	
Attention	
Street Address	
City/Town, State, Zip Code	

I hereby certify under the penalty of perjury that the above information is complete, true and correct:

Applicant Signature

Date

Employer Signature

Date

- Agency Completing Check:
- | | |
|--|-------------------------------|
| <input type="checkbox"/> Attorney General's Office | <input type="checkbox"/> DCYF |
| <input type="checkbox"/> Local Police Department (please specify): | |
| <input type="checkbox"/> State Police Department (please specify): | |