

APPLICATION FOR EMPLOYMENT  
IN A CHILD CARE FACILITY

*Instructions: All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.*

Applicant's Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Citizenship: \_\_ USA ----- Other  
D.O.B: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Please answer the following questions:

1. Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home?  
    \_\_\_ Yes                      \_\_\_ **No**
2. While employed in a child care program, have you ever been the subject of disciplinary action, or been the part responsible for a child care facility receiving an administrative fine or other disciplinary action?  
    \_\_\_ Yes                      \_\_\_ **No**  
If yes, please explain:



## Child Abuse & Neglect Reporting Requirements

All child care personnel are mandated by law to report their suspicions of child abuse, neglect, or abandonment to the Florida Abuse Hotline in accordance with s. 39.201 of the Florida Statutes (F.S.).

- \* Child care personnel must be alert to the physical and behavioral indicators of child abuse and neglect. "Child Abuse or Neglect" is defined in s. 39.201, F.S., as "harm or threatened harm" to a child's health (mental or physical) or welfare by the acts or omissions by a parent, adult household member, other person responsible for the child's welfare, or for purposes of reporting requirements by any person.

Categories include:

- Physical Abuse or Neglect (i.e. unexplained bruises, hunger, lack of supervision ...)
- Emotional Abuse or Neglect (i.e. impairment in the ability to function, depression ...)
- Sexual Abuse (i.e. withdrawal, excessive crying, physical symptoms ...)

- \* Reports must be made immediately to the Florida Abuse Hotline Information System by
  - Telephone at 1-800-96-ABUSE (1-800-962-2873), or
  - Fax at 1-800-914-0004, or
  - Online at <http://www.dcf.state.fl.us/abuse/report/>.
- \* Failure to perform duties of a mandatory reporter pursuant to s. 39.201, F.S. constitutes a violation of the standards in ss. 402.301-319, F.S. and is a felony of the third degree. Remember, it is each child care personnel's responsibility to report suspected abuse and/or neglect.
- \* All reports are confidential. However, persons who are mandated reporters (child care personnel) are required to give their name when making a report.
- \* It is important to give as much identifying and factual information as possible when making a report.
- \* Any person, when acting in good faith, is immune from liability in accordance with s. 39.203(1)(a), F.S.
- \* For more information about child abuse and neglect, visit the Department's website at [www.myflfamilies.com/childcare](http://www.myflfamilies.com/childcare) and select "Training & Credentialing." The Department offers a 4-hour *Identifying and Reporting Child Abuse and Neglect* course for child care providers. This course is an overview of the various types of abuse and neglect, indicators that may be observed, the legal responsibility of mandatory reporters, and the proper procedure for reporting abuse and neglect, as required by ss. 402.305(2) and 402.313(1), F.S. The course is offered both online and instructor-based throughout Florida.

This statement is to verify that on \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_

Read and understood the information and my mandated reporting requirements.

Signature of Employee (forfacilityorlargefami/ychi/dc,,rehome)

Signature of Operator



## BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS

Place in employee file and attach all background screening documentation.

Authority: s. 402.301-319, F.S., and s. 435, F.S.

Name of Employee: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

\*Social Security#: ----- Date of Birth: \_\_\_\_\_ Employment Date: \_\_\_\_\_

\*Pursuant to Chapter 435.05, F.S., the Department's license/registration application requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the Department for identity verification only.

Position Classification	Position Type (check all that apply)	Age Group Assigned	Education Level (check one)
D Child Care Personnel	D Owner	D 0 - 12 Months	<input type="checkbox"/> No High School/GED
	D Director	D 1 Year	<input type="checkbox"/> High School Student
D Intermittent/Volunteer	D Lead Teacher (must select age group)	D 2 Years	<input type="checkbox"/> High School/GED
		D 3 Years	<input type="checkbox"/> National Early Childhood Credential
D Other Personnel*	D VPK Instructor D Assistant Teacher D Substitute D Other Personnel*	<input type="checkbox"/> 4 Years	<input type="checkbox"/> Birth Through Five Child Care Credential
		§ 4 Years VPK	<input type="checkbox"/> School-Age Child Care Credential
		§ S+Years	<input type="checkbox"/> Associates Degree
		Mixed	<input type="checkbox"/> Bachelor's Degree
		Not Applicable	<input type="checkbox"/> Master's Degree or Higher

\*Other personnel include kitchen staff, office workers, maintenance, janitors, drivers, and etc.

### SCREENING DOCUMENTATION

All child care personnel are required by law to be screened pursuant to Chapter 435, F.S., as a condition of employment and continued employment. Screening must be completed prior to employment, following a 90 day break in service, and every five years.

Initial Screen

	Date Live Scanned	Date Eligible	Retention Date
FBI/FDLE/Florida Sex Offender/National Sex Offender/Out of state criminal records (if applicable)			
Florida Child Abuse Registry Check (if screening was processed between July 1, 2016 and December 15, 2016)	Date Email Notification Received		
Attestation of Good Moral Character (due on or before employment, following a 90 day break, or when changing employers)	Date Signed		
Out of State Criminal History Check (if applicable)	Date Request Submitted	Date Results Received	
Out of State Abuse and Neglect Registry Check (if applicable)	Date Request Submitted	Date Results Received	
Out of State Sex Offender Registry Check (if applicable)	Date Request Submitted	Date Results Received	

5 Year Re-screen

FBI/FDLE/Florida Sex Offender/National Sex Offender/Out of state criminal records (if applicable)	Date LiveScanned	Date Eligible	Retention Date

5 Year Re-screen

FBI/FDLE/Florida Sex Offender/National Sex Offender/Out of state criminal records (if applicable)	Date LiveScann	Dat Eligible	Retention Date

OTHER REQUIREMENTS

Date 5 Year Employment Reference Checks Completed: \_\_\_\_\_

Names of References (attach additional documentation if necessary):

Job Title _____	Dates of Employment _____
Job Performance: _____	
Person Contacted: _____	Date: _____
Dates of Unsuccessful Attempts to Verify #1 _____ #2 _____ #3 _____	
Unable to verify employment - reason: _____	
Person Completing Checks (signature): _____	
Date: _____	
Job Title _____	Dates of Employment _____
Job Performance: _____	
Person Contacted: _____	Date: _____
Dates of Unsuccessful Attempts to Verify #1 _____ #2 _____ #3 _____	
Unable to verify employment - reason: _____	
Person Completing Checks (signature): _____	
Date: _____	

Leave of Absence Documentation from Employer (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# CHILD CARE AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_  
(Applicant's/Employee's Name)

who, being duly sworn, deposes and says:

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by Chapter 435 Florida Statutes in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- |                        |   |
|------------------------|---|
| Section 393.135        | sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct   |
| Section 394.4593       | sexual misconduct with certain mental health patients and reporting of such sexual misconduct   |
| Section 415.111        | adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse   |
| Section 741.28         | criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction   |
| Section 777.04         | attempts, solicitation, and conspiracy  |
| Section 782.04         | murder  |
| Section 782.07         | manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child   |
| Section 782.071        | vehicular homicide  |
| Section 782.09         | killing an unborn child by injury to the mother   |
| Chapter 784            | assault, battery, and culpable negligence, if the offense was a felony  |
| Section 784.011        | assault, if the victim of offense was a minor   |
| Section 784.03         | battery, if the victim of offense was a minor   |
| Section 787.01         | kidnapping  |
| Section 787.02         | false imprisonment  |
| Section 787.025        | luring or enticing a child  |
| Section 787.04(2)      | taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding   |
| Section 787.04(3)      | carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person |
| Section 790.115(1)     | exhibiting firearms or weapons within 1,000 feet of a school  |
| Section 790.115(2) (b) | possessing an electric weapon or device, destructive device, or other weapon on school property   |
| Section 794.011        | sexual battery  |
| Former Section 794.041 | prohibited acts of persons in familial or custodial authority   |
| Section 794.05         | unlawful sexual activity with certain minors  |
| Chapter 796            | prostitution  |
| Section 798.02         | lewd and lascivious behavior  |
| Chapter 800            | lewdness and indecent exposure  |
| Section 806.01         | arson   |
| Section 810.02         | burglary  |
| Section 810.14         | voyeurism, if the offense is a felony   |
| Section 810.145        | video voyeurism, if the offense is a felony   |
| Chapter 812            | theft and/or robbery and related crimes, if a felony offense  |
| Section 817.563        | fraudulent sale of controlled substances, if the offense was a felony   |
| Section 825.102        | abuse, aggravated abuse, or neglect of an elderly person or disabled adult  |
| Section 825.1025       | lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult  |
| Section 825.103        | exploitation of disabled adults or elderly persons, if the offense was a felony   |
| Section 826.04         | incest  |
| Section 827.03         | child abuse, aggravated child abuse, or neglect of a child  |
| Section 827.04         | contributing to the delinquency or dependency of a child  |
| Former Section 827.05  | negligent treatment of children   |
| Section 827.071        | sexual performance by a child   |
| Section 843.01         | resisting arrest with violence  |
| Section 843.025        | depriving a law enforcement, correctional, or correctional probation officer means of protection or communication   |
| Section 843.12         | aiding in an escape   |
| Section 843.13         | aiding in the escape of juvenile inmates in correctional institution  |

- Chapter 847                    obscene literature
- Section 874.05(1)        encouraging or recruiting another to join a criminal gang
- Chapter 893                drug abuse prevention and control only: if the offense was a felony or if any other person involved in the offense was a minor
- Section 916.1075        sexual misconduct with certain forensic clients and reporting of such sexual conduct
- Section 944.35(3)        inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
- Section 944.40            escape
- Section 944.46            harboring, concealing, or aiding an escaped prisoner
- Section 944.47            introduction of contraband into a correctional facility
- Section 985.701          sexual misconduct in juvenile justice programs
- Section 985.711          contraband introduced into detention facilities

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

I attest that I have read the above carefully and state that my attestation here is true and correct that my record does not contain any of the above listed offenses. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

**Sign Above OR Below, DO NOT Sign Both Lines**

To the best of my knowledge and belief, my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record. (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

D Affiant personally known to notary

OR

D Affiant produced identification

Type of identification produced: \_\_\_\_\_

**SUPPLEMENT TO EMPLOYMENT APPLICATION**  
**Section 402.30S5(b), Florida Statutes, Child Care Personnel Requirements -**

**REQUIREMENTS FOR CHILD CARE PERSONNEL, -**

The child care facility employer shall require that the application for a child care personnel position contain a question that specifically asks the applicant if he or she has ever worked in a facility that has had a license denied, revoked, or suspended in any state or jurisdiction or has been the subject of a disciplinary action or been fined while employed in a child care facility. The applicant shall attest to the accuracy of the information requested under penalty of perjury. If the applicant admits that he or she has been a party in such action, the employer shall review the nature of the denial, suspension, revocation, disciplinary action, or fine before the applicant is hired.

Have you ever worked in a facility that has had a license denied, revoked or suspended in any state or jurisdiction or been the subject of a disciplinary action or been fined while employed in a child care facility? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (attach additional sheet(s), if necessary):

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date



## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

### NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

#### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11CB.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice  
Federal Bureau of Investigation  
*Criminal Justice Information Services Division*



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## **PRIVACY STATEMENT**

**Authority:** The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544. Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBJ-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice