

CENTER STAFF/VOLUNTEER/SUBSTITUTE FORM



FACILITY _____ EMPLOYMENT DATE _____
NAME _____ DOB _____
SOCIAL SECURITY # _____ POSITION _____
ADDRESS _____ PHONE _____
EMERGENCY CONTACT: _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

EMPLOYMENT HISTORY: Please list last five years of employment.

FACILITY _____ PHONE _____ EMAIL _____
(REQUIRED)
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMPLOYMENT DATES _____ REASON FOR LEAVING _____
OFFICIAL USE ONLY: EMPLOYMENT DATES VERIFIED: _____ CONSIDER REHIRE? _____

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I HAVE READ AND UNDERSTAND THE "CHILD ABUSE AND NEGLECT IN FLORIDA – GUIDE FOR PROFESSIONALS".

SIGNATURE _____ DATE _____

BACKGROUND SCREENING DATES:

"COMPLETE" SCREENING RESULTS LTR: _____ FDLE REPORT (if applicable): _____
ANNUAL LOCAL CRIMINAL RECORDS: _____ AFFIDAVIT GMC: _____
5 YR CLEARANCE LTR (if applicable): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- HAVE YOU EVER HELD A CHILD CARE LICENSE WITH THE DEPARTMENT OF CHILDREN & FAMILIES OR HILLSBOROUGH COUNTY CHILD CARE LICENSING? _____ YES _____ NO
- WHILE EMPLOYED IN A CHILD CARE PROGRAM, HAVE YOU EVER BEEN THE SUBJECT OF DISCIPLINARY ACTION, OR BEEN THE PARTY RESPONSIBLE FOR A CHILD CARE FACILITY RECEIVING AN ADMINISTRATIVE FINE OR OTHER DISCIPLINARY ACTION? _____ YES _____ NO

IF YES, PLEASE EXPLAIN:

SIGNATURE _____ DATE _____

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