

10:122-4.1 General requirements for sponsor, director and all staff members

May be completed by applicants for staff positions at the center

Staff information/application form

Name _____
Telephone _____
Address _____
City _____ State _____ Zip _____
Birth date (if under 18 years) _____
Position applying for _____

Education

School Years Attended _____
Name of School _____
City & State _____
Course/Degree/Hours _____
High School _____
College _____
Other Child _____
Care Training _____

Experience

Name & Address of Employer _____
Dates _____
Job Duties _____
From _____
To _____

Have you ever been convicted of a crime or a disorderly persons offense?

_____ Yes _____ No

If yes, please describe _____

I have received a Child Abuse Record Information (CARI) form and given permission for a CARI check.

Yes _____ No _____

I have received and read the DYFS Information to Parents Document.

Yes _____ No _____

I have received and read the center's policy on the disciplining of children.

Yes _____ No _____

I attest that the above information is correct.

Signature _____ Date _____

For center use only: Social Security # _____

Date hired _____

Date terminated _____

Date of physical _____

Results _____

Date of Mantoux/chest X-ray _____

Results _____