

PERSONNEL FORM

CHILDREN'S CENTER _____

Name _____
Last First Middle /Maiden Previous Married Name(s)

Position Social Security # / Date of Birth Director Sex Race

<p>Employment Date _____ Date in Child Care Field _____</p> <p>Employment Application _____</p> <p>Annual Acknowledgement Form</p> <p>_____ Date _____ _____ Date _____ _____ Date _____ _____ Date _____</p> <p>Attestation of Good Moral Character</p> <p>_____</p> <p>Proof of Education _____ Highest Level _____</p> <p>Employment History Check Date Received _____</p> <p>_____</p> <p>Education Qualification</p> <p>DNW ____ SACW ____ SMIC ____</p> <p>SMIC Credits/Staff Credential _____</p> <p>SMIC 3 Year Employment _____</p> <p>Director/Owner 1651</p> <p>_____</p> <p>_____</p>	<p>Fingerprint Check</p> <p>DCF Clearance Eligible _____</p> <p>A/R _____ Prints Ret _____</p> <p>OOS A/R _____ OOS SO/P _____</p> <p>5 Year Rescreen Clearance Date Eligible _____</p> <p>A/R _____ Prints Ret _____</p> <p>OOS A/R _____ OOS SO/P _____</p> <p>All Clearances after July 1, 2016 need to say DCF CHILDCARE ELIGIBLE</p> <hr/> <p>Fire Ext. Training _____</p> <p>Safe Sleep Training _____</p> <p>Transportation Training _____</p> <p>CARES INPUT:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>First Aid Certificate _____ Expiration Date _____</p> <p>Infant/Child CPR Certificate Expiration Date _____</p> <p>_____</p> <p>Exposure Control Plan Trng . _____</p> <p>Refresher _____</p> <p>_____</p> <p>_____</p> <p>40 Hour Training _____ Starting Date _____</p> <p>Part I _____ Date _____</p> <p>Part II _____ Date _____</p> <p>School Age Req _____ Date _____</p> <p>Infant Care Training 10hr_ 5/5_ _____ Date _____</p> <p>Literacy Training _____ Date _____</p> <p>_____</p> <p>Transcript ID Number _____</p> <p>School Readiness</p> <p>ELF _____ Date _____</p> <p>SR _____ Date _____</p>	<p>Director's Training</p> <p>Pinellas Director's Basics _____ Date _____</p> <p>Orientation for Infant Care _____ Date _____</p> <p>Director Credential _____ Expiration Date _____</p> <p>Certificate Number _____</p> <p>Multi-site Director Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Credentialing Requirement</p> <p>Formal Education _____ Date _____</p> <p>National CDA(ren) _____ Date _____</p> <p>CDA (renewable) _____ Date _____</p> <p>Employment History Recognition Exemption _____ Date _____</p> <hr/> <p>Annual 10-Hour In-service Training</p> <p>2023/2024 _____</p> <p>2024/2025 _____</p> <p>2025/2026 _____</p> <p>2026/2027 _____</p> <hr/> <p>Driver's Requirements</p> <p>Driver's License Exp. Date _____</p> <p>_____</p> <p>Driver's Physical Exp. Date _____</p> <p>_____</p> <p>DL# _____</p>
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