



# CAREGIVER EMPLOYEE APPLICATION

<b>Certified Child Care Provider Name:</b>			
<b>Name of Caregiver Employee Applicant:</b>		<b>Email Address:</b>	
<b>Potential Caregiver's Address:</b>	<b>City:</b>	<b>ZIP:</b>	<b>Phone:</b>
<b>Date of TB test (please attach proof of completion):</b>		<b>Date Applicant Information entered on Provider Portal:</b>	
<b>Date of SIDS Training:</b>		<b>Date of SBS Training:</b>	
<b>What role will the applicant have in the child care?</b> <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant		<b>How often will the applicant work in the child care?</b> <input type="checkbox"/> Occasionally <input type="checkbox"/> Regularly	

<b>APPLICANT EDUCATION/TRAINING</b> <i>Before working for 240 hours, substitutes and assistants must complete Fundamentals of Family Child Care, Introduction to the Child Care Profession, Child Abuse and Neglect and have current Infant/Child CPR certification.</i> <b>Indicate a "Yes" or "No" for each item listed and a completion date. Also, attach proof of completion when applicable.</b>		
<b>Course Name</b>	<b>Completed? (circle one)</b>	<b>Completion Date</b>
The Introduction to the Child Care Profession	Yes    No	
The Fundamentals of Family Child Care	Yes    No	
Child/Infant CPR – current	Yes    No	
Child Abuse and Neglect Training	Yes    No	
College Transcripts with 2 or more credits in Early Childhood/Child Development	Yes    No	
AA (Associate's Degree) or BA/BS degree in Early Childhood Development	Yes    No	

*By signing this document, I agree that to the best of my knowledge, the information I have given is correct. I understand that providing false information and failure to meet certification requirements and certification standards for child care will result in denial or suspension/revocation from the child care program. In addition, I understand that 4-C will review the documentation I have submitted and either approve or deny my request application in writing.*

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Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Certified Child Care Provider Signature

\_\_\_\_\_

Date