Milestone Academy & Child Development Center 1205 Ashville Road Suite 200 Montevallo, AL 35115 (205) 665-5437

## **Application Form for Staff**

(Including Caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

				D	ate:		
Name:  Last First Middle Maiden (if applicable Address:  Street:				P	osition:		
Address:    Street:	Name:	111	MINT	LINGO	0		
Address:    Street:		C	1.14.		0.7		
Street:		Last	First	Midd	lle	Maiden	(if applicable
Street:		2.					
Phone Number: ( )   Date of Birth:	Address:	Street:		City			
Phone Number: ( ) Date of Birth:  Driver's License Number: Expiration Date of Driver's License:  Email Address: Emergency Contact:  Education School / Institution Dates Diploma / Attended Degree/Certificate  Elementary  High School  College  Graduate  Other  Education:  Child Care Training:  ist all courses, workshops, and conferences related to child development and early childhood education. Attach additional page eccessary. Attach copies of certificates received.  Title of course / workshop/ Sponsor Location Date(s) Number			Q				_
Driver's License Number: Email Address:  Emergency Contact:  Education  School / Institution  Dates Attended  Degree/Certificate  Elementary  High School  College  Graduate  Other  Education:  Child Care Training: ist all courses, workshops, and conferences related to child development and early childhood education. Attach additional page eccessary. Attach copies of certificates received.  Title of course / workshop/  Sponsor  Location  Date of Driver's License:  Emergency Contact:  Diploma /  Degree/Certificate  Degree/Certificate		State:		Zip Code:			
Driver's License Number: Email Address:  Emergency Contact:  Education  School / Institution  Dates Attended  Degree/Certificate  Elementary  High School  College  Graduate  Other  Education:  Child Care Training: ist all courses, workshops, and conferences related to child development and early childhood education. Attach additional page eccessary. Attach copies of certificates received.  Title of course / workshop/  Sponsor  Location  Date (S)  Number			10				
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	come	rence				11	of Hours

## **Employment History:**

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer:	Employer's Address:	Position/Job	Date(s) Worked	Reason for Leaving

## **References:**

List at least three persons who are not related to you by blood, marriage, or adoption to be contacted as references. At least one must be a former employer. Addresses must be complete and accurate.

Name of Form	er Employer:		b		(5)
Address:		460			2000
	Street		City		
	City	Zip Code		( ) Area Code	Phone Number
Name:	and.	A STATE OF THE PARTY OF THE PAR			
	\ /		No.		1111-
Addre <mark>ss:</mark>					ALA .
	Street	V Towns	City		
100				( )	
	City	Zip Code		Area Code	Phone Number
	- 40				
Name:					
Address:	_	4			
	Street		City		
	City	Zip Code	The same	Area Code	Phone Number

## **Criminal History Background Information Checks:**

In accordance with Alabama law, (Act 2000 – 775, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

You must complete a Mandatory Criminal History Notice Form and a Criminal History Information Consent and Release Form. The cost for the criminal history check is \$49, (cashier's check or money order, no personal checks). The fee must be submitted with the fingerprints and the consent form. Required forms are available from the Department. If you previously had a criminal history check done for the Department of Human Resources and the required information is on file, it is not necessary to complete a criminal history check.

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<b>Current Criminal Charges:</b>			
Are there any current criminal charges aga	ainst you?		
If yes, give details.	MING	S 87	
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		7.00	<u> </u>
<b>Clearance of State Central Registry on</b>	Child Abuse / Neglect:		
A completed REQUEST FOR CLEARANCE of be obtained for each substitute, caregiver, volumn access to the children.	OF STATE CENTRAL REC		
By signing this form, I am affirming that th am granting permission for all persons, o background.			
	Signature		
	Signature		Dute
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