



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Staff Information

Facility name			License number K8	
Applicant first name	Middle name	Last name	Social Security number	
Maiden and/or previous names			Date of birth	
Mailing: street address or P.O. box		City	State	Zip
Location: street address		City	State	Zip
Email address		Area code	Home phone	Area code
				Cell phone

In the **LAST** three (3) years, have you lived outside Oklahoma? **Yes** **No**
 If YES, list other states and countries: _____

Education.

Do you have a high school diploma, GED, or are enrolled in high school? **Yes** **No**
 If NO, highest grade completed: _____

List child care credentials or educational certificates	Expiration date(s)
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College.

Name(s)	Location(s)	Date(s) graduated
Degree(s)	Major(s)	Minor(s)

Previous child care employment.

Name of employer(s)	Address (city, state, zip)	Phone	Full or part-time	Service dates

Personal references.

Complete at initial application only. List references who are **not** related to you **and** are familiar with your child care practices.

1. Name	Area code	Phone	Relationship	
Mailing street address or P.O. Box	City		State	Zip
2. Name	Area code	Phone	Relationship	
Mailing street address or P.O. Box	City		State	Zip
3. Name	Area code	Phone	Relationship	
Mailing street address or P.O. Box	City		State	Zip
4. Name	Area code	Phone	Relationship	
Mailing street address or P.O. Box	City		State	Zip
5. Name	Area code	Phone	Relationship	
Mailing street address or P.O. Box	City		State	Zip

Background investigation.

Have you been convicted of, or entered a plea of guilty, or nolo contendere (no contest), or have pending charges to any crime involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or animal cruelty? **Yes** **No**

Your registration on the Child Care Restricted Registry may occur when:

- a background investigation, conducted upon completion of this form or through out your employment, reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.

Signature of applicant or employee.

I certify the information provided on this form is true and complete.

_____	_____
Applicant/employee signature	Date
_____	_____
Parent of minor child signature, if applicable	Date

Facility name	License number K8
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Applicant first name	Middle name	Last name
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Completed during hiring process by owner, director, or primary caregiver.

Date three reference checks are completed	Employment date
Date criminal history review request submitted	Position assigned
Date criminal history review results received	Date orientation completed

Signature of owner, director, or primary caregiver.

I understand giving false or incomplete information may result in denial or revocation of my license.

_____ Date

Owner, director, or primary caregiver signature