

# BUILDING BLOCKS FOR TOTS

## Applicants must provide the following information:

### Needed prior to your first day of employment

1. Name, address and telephone number
2. Two (2) forms of ID: license, social security card, birth certificate, passport or state id.
3. Complete an I-9 (and 2 forms of ID) and W-4 form.
4. Verification of child care experience, education and training prior to service at the facility. (Please provide transcripts) Acceptable verification of experience, education or training is a transcript or a diploma or a letter signed by a representative of the experiential, educational or training entity.
5. A written report of initial and health assessments, including the results of initial and subsequent tuberculin skin tests, x-rays or other medical documentation necessary to confirm freedom from communicable tuberculosis. (Health assessment must be current within the last 12 months. An updated health assessment must be completed every 24 months afterward. TB tests must be within the last 12 months.)
6. A copy of requests for the criminal history record and child abuse registry clearance information, a copy of the disclosure statement and a copy of the completed clearance information required under the CPSL. You may come and use our computer and printer if needed. \*You WILL not be on the schedule until we receive them.

**A. Child Abuse Registry:** create an account online and submit your information & **PRINT** your receipt for us. Within one (1) week, log-in again and print the results.

<https://www.compass.state.pa.us/cwis/public/home>

**B. State Police Criminal Record Check:** NOTE: you MUST print the following OR write down the Control Number, Name entered, date of request & we can print.

Go to <https://epatch.state.pa.us> <ONLY COPY: Click "Certificate Form">Print

**C. FBI Clearance:** Register with Identigo

<https://uenroll.identigo.com/> Enter the Service Code **1KG738**

Click on "Schedule or Manage Appointment"

**Bring us a copy of your payment form.**

**D. National Sex Offender Registry:** <http://www.keepkidssafe.pa.gov/natsexoffreg/index.htm> Complete the online/or paper form and mail to corresponding address. Bring in clearance once it comes back to you.

7. Two written, nonfamily references from individuals attesting to the person's suitability to serve as a childcare facility person.
8. Copy of high school diploma or GED equivalent.
  - a Copy of higher education transcripts or CDA, if available.
9. Complete Mandated Reporter training:  
[https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab\\_group\\_id=21](https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=21)
  - a Register and complete this training. Print a copy of the certificate for our records.

# BUILDING BLOCKS FOR TOTS

## Employment Application

PLEASE PRINT AND COMPLETE ALL SECTIONS

Today's Date: \_\_\_\_\_

### Name

Full Name: \_\_\_\_\_

*Last*

*First*

*M.I.*

Job Applying for: \_\_\_\_\_ Full time  Part time  Temporary

Salary Desired: \$ \_\_\_\_\_ Date Available: \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Personal

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

If hired, can you furnish proof of eligibility? YES  NO  Are you 18 years or older? YES  NO

Can you perform the essential function of the position for which you are applying? YES  NO

Have you ever worked or attended school under another name? YES  NO

If yes, give details. \_\_\_\_\_

Have you ever worked for this organization? YES  NO  If yes, when? \_\_\_\_\_

Have you ever applied here before? YES  NO  If yes, when? \_\_\_\_\_

Are you presently employed? YES  NO

If yes, may we contact your current employer for a reference? YES  NO

Have you ever been fired or asked to resign from a job? YES  NO

Have you ever been convicted of a felony violation? YES  NO

If yes, give details. \_\_\_\_\_

If employed by us, do you expect to be employed elsewhere? YES  NO

If yes, give details. \_\_\_\_\_

### Education

High School or GED: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College or University: \_\_\_\_\_ Address: \_\_\_\_\_



# BUILDING BLOCKS FOR TOTS

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Do you have other skills or training that would be helpful for the job? If yes, please explain.

## Employment History

Please list employers starting with the current or most recent. **A job offer may be contingent on acceptable references from employers,**

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

# BUILDING BLOCKS FOR TOTS

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Name of Employer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Gaps in Employment: \_\_\_\_\_

## Volunteer Activities and Professional Memberships

Organization Name: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Years Active: \_\_\_\_\_

## Certification

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_