

Happy Time

Child Development Center

1310 W. 1st Street • Vinton, Iowa 52349 • (319) 472-4840 • htchildd@www.mebbs.com

"Where Children Come To Learn & Grow"

Application For Employment

Job applying for _____ Full-time _____ Part-Time _____

Name: First _____ Middle _____ Last _____

Maiden name if any _____

Address _____ City/State _____ Zip Code _____

Social Security No. _____ Telephone _____

Are you over the age of 18? Yes ___ No ___ What is your birth date? Mo. ___ Day ___ Yr. ___

Major or Course Name	Dates Attended	Diploma, Degree or Certificate	Completion Date
High School:			
College:			
Other:			

Other licenses or certificates held, or experience acquired qualifying you for this employment:

Work Experience: Previous 10 years worked or last 5 employers (when applicable)

Employer (Mngr. Name & Phone Number)	Dates Worked	Job Description & Title	Reason for leaving

References: (Two Professional & Two Personal)

Name	Phone Number	Title/Relationship

Any additional information you would like to add:

Employment Questionnaire

What hours can you work and when could you start? _____

Would you be able to open the center a 6:00 a.m. if necessary? _____

Would you be able to close the center a 6:00 p.m. if necessary? _____

Are you available to work year round? _____

Have you had CPR Training? _____ Date _____

Have you had First Aid Training? _____ Date _____

Have you had Child Abuse training? _____ Date _____

Would you be available to substitute if not hired? Yes ___ No ___
Possible Hours? _____

What talents do you possess that you could share with the children?

Have you ever been convicted of child abuse? Yes ___ No ___

Have you ever been convicted of child neglect? Yes ___ No ___

Have you ever been convicted of committing lascivious acts with a child? Yes ___ No ___

Have you ever been convicted of a felony? If yes, explain. Yes ___ No ___

Happy Time Child Development Center provides equal employment opportunities and will not illegally discriminate on the basis of age, race, creed, color, sex, national origin, religion, marital status or disability.

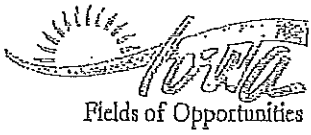
Please read the following, and if you agree to all that is mentioned, sign below.

I understand that Happy Time Child Care is a licensed childcare facility, and that because it is I would be responsible, if hired, to have physical at my own expense. I also understand that it is a requirement to be certified in first Aid and CPR within the first 6 months of my employment.

I have read and understand the above statement, and to the best of my knowledge, all statements and information I have given herein are true and accurate.

Signature: _____

Date: _____



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Please attach this statement to Form 595-1396, Record Check Form B and have the applicant review prior to signing Form B:

Evaluation of Deferred Judgments

All deferred judgments, whether discharged or not, shall be subject to the record check review/evaluation process, as they are considered to be convictions.

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

PURPOSE: Child Day Care 237A.5, 237A.20 Adoption 600.8(1)(2) Child Abuse 232.71
 Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142

REQUEST

I am requesting an Iowa Criminal History (CCH) check on:

<i>Center Name and Mailing Address</i>
Happy-time cdc 1310 W 1st St Vinton Ia 50349

Last Name	First Name	Middle Name
Maiden/Former Name, any Alias (<i>List All</i>)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number
Date of Birth	Signature of Requester 	

DO NOT WRITE IN THIS AREA - FOR DCI USE ONLY

RESULTS

As of _____ (date) a name and date of birth check revealed:

CCH record attached No CCH record found

DCI Initials _____

WAIVER
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date
Address	City, State, ZIP

EMPLOYEE STATEMENT

Name	Employment Date
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I (check one) **DO** **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If "**DO**" is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If "**DO**" is checked, briefly explain the circumstances.)

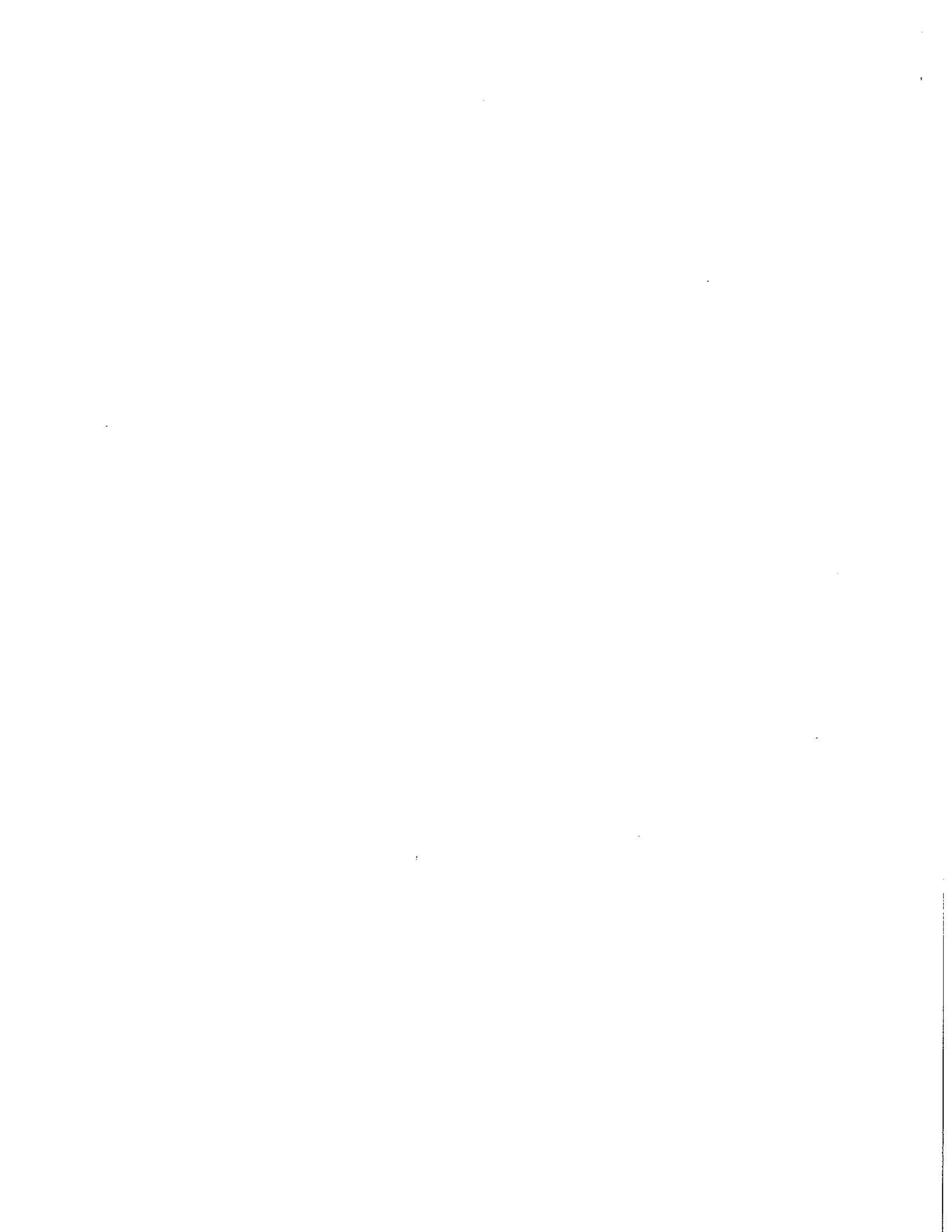
I (check one) **DO** **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children.

(If "**DO**" is checked, briefly explain the circumstances.)

I (check one) **HAVE** **HAVE NOT** been informed of my responsibilities as a mandatory reporter of child abuse.

I (check one) **AM** **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

Signature	Date
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Waiver Agreement and Statement

For Criminal History Record Checks under the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA)

Pursuant to the National Child Protection Act of 1993 (NCPA), as amended by the Volunteers for Children Act (VCA), this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity under these laws.

I hereby authorize (*Name of Qualified Entity*) _____ to submit a set of my fingerprints and this form to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and national criminal history records that may pertain to me. By signing this Waiver Agreement, it is my intent to authorize the dissemination of any Iowa and/or national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the NCPA/VCA.

I understand that, until the criminal history record check is completed, the qualified entity may choose to deny me unsupervised access to children, elderly or individuals with disabilities. I further understand that, upon request, the qualified entity will provide me a copy of the criminal history record check, if any, received on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee, volunteer, contractor or subcontractor.

I *have* OR *have not* been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

I am a current or prospective (check one): Employee Volunteer Contractor/Vendor

Signature: _____ Date: _____

Printed Name: _____

TO BE COMPLETED BY QUALIFIED ENTITY:

Entity Name: _____

Address: _____

Telephone: _____ Fax: _____

Entity Assigned OCA: _____

Please retain all signed waivers on file for future reference.

