



APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICES
LICENSED/CERTIFIED CHILD CARE AGENCY

INSTRUCTIONS

PURPOSE

The purpose of the Application For Employment Or Volunteer Services, Licensed/Certified Child Care Agency, DSHS 10-196, is to assist the agency director in putting together information which would be necessary in making decision about hiring and to assist in checking the background of applicants who will have access to children. The form does not contain all the information desired by some agency directors. Directors may supplement this form as they see fit. Agencies may be granted approval by the Division of Child Care and Early Learning (DCCCEL) offices to use their own forms provided that those forms include essentially the same background information regarding employment history, volunteer history, educational background, references, and such.

USE OF FORM

The DSHS 10-196 is used by all licensed/certified agencies. In accordance with WAC 388-150-470:

"Each employee and volunteer having unsupervised or regular access to the child in care shall complete and submit to the licensee or director by the date of hire: (a) An application for employment on a department-prescribed form, or its equivalent."

INSTRUCTIONS TO AGENCY

1. All licensed/certified agencies are to have each employee, assistant, or volunteer who has unsupervised access to children, expectant mothers, or developmentally disabled persons complete this form.
2. Retain a copy of the completed form in the agency's personnel files.

APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICE LICENSED/CERTIFIED CHILD CARE AGENCY

- A. The Department of Social and Health Services (DSHS) does not discriminate in employment practices because of race, creed, color, national origin, sex, disability, age (40+), sexual orientation, marital status, disabled veteran status, or Vietnam era veteran status.
- B. Employment or volunteer service in a licensed child care agency is conditioned on a background check completed by the licensing unit.
- C. Upon employment, you will be required to show proof of identity and citizenship.

1. NAME OF AGENCY			
2. POSITION FOR WHICH YOU ARE APPLYING			3. DATE
4. YOUR NAME		5. ARE YOU 16 YEARS OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	6. SOCIAL SECURITY NUMBER
7. YOUR HOME ADDRESS		CITY STATE ZIP CODE	8. TELEPHONE NUMBER(S)
9. DAYS AND HOURS YOU ARE WILLING TO WORK			10. EXPECTED SALARY

11. Do you have a current:	YES	NO
Washington Food Service Worker permit? (required of all staff persons preparing full meals per WAC 388-150-250, et al)	<input type="checkbox"/>	<input type="checkbox"/>
HIV/AIDS Training Card?	<input type="checkbox"/>	<input type="checkbox"/>
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 388-150-220, et al)	<input type="checkbox"/>	<input type="checkbox"/>
Multimedia standard first aid card?	<input type="checkbox"/>	<input type="checkbox"/>
Infant-Child Cardiopulmonary resuscitation (CPR) card? (at least one person with first aid/CPR is required to be present in each area per WAC 388-150-200, et al)	<input type="checkbox"/>	<input type="checkbox"/>

12. Education:

a. High school graduate or General Education Development (GED) test passed? Yes No

b. Early childhood education course work in high school? Yes No

c. Post high school training (college, business school, military, etc.):

NAME AND LOCATION	DATES	CREDITS EARNED	GRADUATED?	DEGREE/DATE	MAJOR OR SUBJECT

13. Conferences/workshops you have attended related to job duties:

TITLE OF CONFERENCE/WORKSHOP	CLOCK HOURS	TRAINER OR SPONSOR

14. TRAINING AND SPECIAL SKILLS

15. COURSES IN EARLY CHILDHOOD EDUCATION

14. Employment history (start with current or most recent employer, include volunteer experience):

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES			TOTAL TIME EMPLOYED	
			HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES			TOTAL TIME EMPLOYED	
			HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES			TOTAL TIME EMPLOYED	
			HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES			TOTAL TIME EMPLOYED	
			HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES			TOTAL TIME EMPLOYED	
			HOURS PER WEEK/LAST SALARY	
REASON FOR LEAVING				SUPERVISOR'S NAME

YOUR NAME				SOCIAL SECURITY NUMBER
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES	_____			TOTAL TIME EMPLOYED
	_____			HOURS PER WEEK/LAST SALARY

REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES	_____			TOTAL TIME EMPLOYED
	_____			HOURS PER WEEK/LAST SALARY

REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES	_____			TOTAL TIME EMPLOYED
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REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS		CITY	STATE	ZIP CODE
				TO (MONTH, YEAR)
WORK DATES	_____			TOTAL TIME EMPLOYED
	_____			HOURS PER WEEK/LAST SALARY

REASON FOR LEAVING				SUPERVISOR'S NAME

If more space is needed to write your employment history, attach another sheet of paper.

15. May we contact your present employer? Yes No

16. Professional/personal references:

NAME	ADDRESS	TELEPHONE NUMBER

17. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

YOUR SIGNATURE	DATE
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