

**FIRST UNITED METHODIST CHURCH  
SUSANNA WESLEY EARLY EDUCATION MINISTRY  
APPLICATION FORM FOR STAFF**

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date \_\_\_\_\_  
Position \_\_\_\_\_

<b>NAME</b>	last	first	middle	maiden
<b>ADDRESS</b>	street: _____			
	City: _____			
	State: _____ zip code _____			
Telephone number: (     )		Date of Birth:(mm/dd/yyyy)		
Driver's license number:		Exp. date of driver's license:		

**EDUCATION**

	SCHOOL/INSTITUTION	DATES ATTENDED	DIPLOMA /DEGREE/ CERTIFICATE
Elementary			
High School			
College			
Graduate			
Other			

**CHILD CARE TRAINING**

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/ workshop/ conference	Sponsor	Location	Date(s)	Number of hours



**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 \$49.00 (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 of Human Resources. If you previously had a criminal history check done for the Department of Human Resources or the Department of Education and the required information is on file, it is not necessary to complete a criminal history check.

**Current Criminal Charges**

Are there any current criminal charges against you? \_\_\_\_\_  
If yes, give details.

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**Clearance of State Central Registry on Child Abuse/Neglect**

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

**By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.**

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**Signature** **Date**