CFS 508-1 Rev. 12/2013

State of Illinois Department of Children and Family Services

Date	Submitted	

INFORMATION ON PERSON EMPLOYED IN A CHILD CARE FACILITY*

I.	Employing	Facility			
	Facility Pro	vider ID#			
	Address	(Street ar	nd Number)	(City)	(Zip Code)
II.	Person Emp	loyed			(Date of Birth)
	Social Security Number				,
	Home Addr	ess(S	treet and Number)	(City)	(Zip Code)
III.	Employme		Date Employed:		
			heck appropriate item):		
IV.	☐ Child C ☐ Child C ☐ Child V ☐ Child V ☐ Child V ☐ Registe ☐ Teache	Care Worker (child Care Staff (group) Velfare Superviso Velfare/Licensing red Nurse r (residential facile	child care institution) d care institution) home) or (child welfare agency) Worker (child welfare agency)	☐ Early Childho ☐ School-age W ☐ Early Childho ☐ School-age A ☐ Substitute ☐ Cook ☐ Clerical ☐ Other:	ctical Nurse (day care center only) cod Teacher (day care center) Vorker (day care center) cod Assistant (day care center) ssistant (day care center)
	From	То	Name and address		Type of Work and Title
	manage	ment or know		h listed previous emp	acted the human resources personnel, loyer to inquire about the employee's re.

Report of Reference on File (At least	three character and/or business, from per	rsons not related to the employee)				
Name of Reference	Address	Relationship				
Educational Background (Circle the one item indicating highest grade completed)						
Elementary Grade:	High School:	GED:				
0 1 2 3 4 5 6 7 8	1 2 3 4	☐ Yes ☐ No				
Years of College (Undergraduate):	Years of Graduate Work:					
1 2 3 4	1 2 3 4					
College Degree: Graduate Degree:						
Name of School, College, or University <u>last</u> attended:						
Other Special Training or Professional License (Specify):						
Professional License Number:						
Evidence of Educational Achievement or	n File: Yes No	(Explain)				
Physical Examination						
Last Examination (Date):						
Name and Address of Examining Physic	cian:					
Health Clearance Report on File?	Yes No	(Explain				
Certification of Employment						
person is employed in the position ind	official of the employing facility, do he icated and that, to the best of my know dance with minimum standards prescrib	vledge is qualified for the position				
	Signed:					