

STAFF INFORMATION SHEET

	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name	Staff Name
Date of Employment						
Job Title						
Age Group/Classroom						
Days/Hours Work Shift <i>(ex. Mon-Fri 8am-5pm)</i>						
Background Checks						
	Date Completed	Date Expired	Date Completed	Date Expired	Date Completed	Date Expired
Date of SWORN DISCLOSURE						
Date of Current CENTRAL REGISTRY search						
Date of Current CRIMINAL HISTORY check						
Medical Documentation						
Date of TB test or screening						
Training						
Highest Level of Completed Education						
	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training	Date of Training
Orientation (as required by standards)						
First Aid/CPR						
Daily Health Observation						
MAT						
<p><i>I certify that I am giving true, accurate and complete information on this form to the best of my knowledge and I authorize investigation of all statements made on this form. I understand that failure to provide true, accurate and complete information may result in denial, revocation, or summary suspension of my license.</i></p>						
<p>Signature: _____ Date: _____</p>						