



APPLICANT WRITTEN STATEMENT

INSTRUCTIONS: Use additional sheets as necessary. All questions must be answered completely and to the best of your knowledge. If you are applying for "Employment in a Licensed Childcare Home," all adult household members (age 18 and over) must fill out their own Applicant Written Statement. Please print legibly. Answers left blank, or a response of "N/A" may result in the rejection of the application.

Full Name (include birth name, married name(s), nick names, and aliases. Do not use initials).

Date of Birth (month, day, year) **Place of Birth (city, state, country)** **Social Security Number** **Primary Language**

____/____/____ _____, ____/____ _____-____-____ _____

Current Physical Address

Address

Address (optional)

_____, _____, _____
City State Zip

Mailing Address (if different from physical)

Address

Address (optional)

_____, _____, _____
City State Zip

Contact Information

Primary Phone Number

Secondary Phone Number (optional)

E-Mail Address

Previous Address/Addresses (past ten years, most recent first, and include number, street, city, state, zip code.)
If you need more space, use a separate sheet of paper.

_____ Address	_____ Address	_____ Address
_____ Address (optional)	_____ Address (optional)	_____ Address (optional)
_____, _____, _____ City State Zip	_____, _____, _____ City State Zip	_____, _____, _____ City State Zip

Current Spouse/Significant Other

_____, _____, _____ ____/____/____ _____-____-____
First Middle Last Date of Birth(month, day, year) Social Security Number

Full Name(s) and Date(s) of Birth of: Birth Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past ten years (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Current Marital Status (circle one): Single Married Separated Divorced Widowed

Full Name(s) and Date(s) of Birth of all Adults who have previously lived with you (within the past ten years) (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Full Name(s) and Date(s) of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)
			/ /
			/ /
			/ /
			/ /

Names and Places of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

Employment History (list all dates and places of employment from age 18 to date - explain breaks in employment) (If you need more space, use a separate sheet of paper)

Employer	Start Date	End Date	Explain Break in Employment

IF YOU DO NOT UNDERSTAND THESE QUESTIONS. PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM!

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. **NOTE: Failure to provide this information may lead to denial of your application.**

____ Yes, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member (Provide details).

____ No, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? **NOTE: Failure to provide this information may lead to denial of your application.**

____ Yes, I have been charged with, arrested for, or convicted of a crime (Provide disposition).

____ No, I have never been charged with, arrested for, or convicted of a crime.

Under penalty of perjury, I _____ certify the above statements to be true and complete to the best of my knowledge.

SIGNATURE: _____

DATE: _____

