

Name of child care facility (where applying): _____ Telephone: _____

Facility mailing address: _____
Street City State Zip Code

Your name: _____
Last First Middle

Maiden name, nickname, and other names used: _____

Your position at the above facility is (please check): Owner Director Staff Member _____ (title)
 Cook Driver Resident Other _____ (position) Volunteer

Do you have any scars, marks or tattoos? (If yes, give location and description.): _____

Social Security Number: _____ Are you a U.S. Citizen? _____

If not a U.S. citizen, what is your citizenship? _____

Street address: _____
Street City State Zip Code

Mailing address: _____
Street City State Zip Code

Home telephone: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Race: _____ Sex: _____

Birth date: _____ Birthplace: _____

THIS FORM MUST BE COMPLETE AND ACCURATE.
FAILURE TO COMPLY MAY RESULT IN A REJECTED APPLICATION.

1. Have you ever had a substantiation (validation) of child abuse and neglect? Yes No

If yes, explain: _____

_____ Date of charge: _____

2. Do you have pending charges/warrants against you? Yes No Dates of charges/warrants: _____

If yes, explain: _____

3. Check any of the following which apply, past or present (if additional space is needed use the back of this page):

Conviction(s): Yes No Date of conviction: _____

Arrest(s): Yes No Date of arrest: _____

Charge(s): Yes No Date of charge: _____

Citation(s): Yes No Date of citation: _____

REFERENCE NRS 432A.170-CONVICTIONS WHICH MAY PREVENT EMPLOYMENT IN CHILD CARE.
LIST ALL ARRESTS, INCLUDING OTHER STATES, EVEN IF CHARGES WERE DROPPED OR DISMISSED:

DATE	CHARGE	ARRESTING AGENCY	CITY/STATE	DISPOSITION

I DO HEREBY AGREE TO THE ABOVE-STATED CONDITIONS AND TERMS AND CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature: _____ Date: _____
Applicant Date of Hire, Rehire or Renewal (circle one)

MY SIGNATURE BELOW INDICATES THAT I HAVE REVIEWED ARRESTS SHOWN ABOVE, IF ANY.

Signature: _____ Date: _____
Facility Director/Owner or Office Manager (circle one)

LAW ENFORCEMENT AGENCY: _____

Witness: _____ Date: _____
Signature of Official Taking Prints