



OKLAHOMA Human Services

Personnel Information

Program Type

Select one:

- Child Care Center or Family Child Care Home Personnel
- Residential or Child-Placing Agency Personnel

Program name

K8

License number

Personnel or Applicant

First name

Middle name

Last name

All previous names, including aliases and maiden

Social Security number

Date of birth

Phone number

Street address

City

State

ZIP code

Is your street address the same as your mailing? Yes No

Mailing address or PO Box

City

State

ZIP code

Email

Education

Yes No Do you have a high school diploma, General Education Development (GED), credential, or Licensing approved equivalent?

Yes No When NO, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?

What is the highest grade you have completed:

Background Investigation

Are you required to register under the Sex Offenders Registration Act or Maryland Ripply Violent Crime Offenders Registration Act? Yes No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs? Yes No

Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire. Yes No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when: Yes No

- a background investigation reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.

Yes No I certify the information provided on this form is true and complete.

Signature of personnel or applicant _____

Date _____

Parent's signature when applicant is a minor _____

Date _____

Position(s) assigned or title _____

Employment date _____

Owner, Responsible Entity, Director, or Primary Caregiver Use Only

I understand giving false or incomplete information may result in denial or revocation of my license.

Signature of owner, responsible entity, director, or primary caregiver _____

Date _____

Complete during hiring process by owner, responsible entity, director, or primary caregiver: Date Restricted Registry search completed: _____

Date three reference checks completed: _____

Date preliminary criminal history review results received, if applicable: _____

N/A

Date complete criminal history review results received: _____

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment. Please ensure all sections of the form are complete before submitting to licensing.

Routing Instructions

Submit completed form to your assigned licensing specialist using the Submit button below.

Submit to Licensing Specialist

Tecumseh Kids – Reference Pages for Job Application

Please provide three professional references.

Name: _____
Relationship: _____
Phone: _____
Email: _____

Name: _____
Relationship: _____
Phone: _____
Email: _____

Name: _____
Relationship: _____
Phone: _____
Email: _____