

RESIDENTIAL CHILD CARE PERSONNEL INFORMATION SHEET

NAME OF EMPLOYEE _____

ADDRESS: _____

PHONE #: _____

DATE OF HIRE: _____

START DATE: _____

EMERGENCY CONTACT: _____

NAME

RELATIONSHIP

PHONE #

RECORD KEEPING:

APPLICATION

NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM

DATE SENT TO STATE OF NH – CRIMINAL RECORDS UNIT: _____ COPY IN FILE

CHILD CARE PERSONNEL HEALTH FORM

(PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEARS)

DATE RECEIVED: _____

WILL EXPIRE ON: _____

UPDATE RECEIVED: _____

WILL EXPIRE ON: _____

POSITION TITLE: _____

QUALIFICATIONS: (EDUCATION/EXPERIENCE): _____

DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE

TRANSCRIPTS: _____ RESUME: _____ CREDENTIAL: _____ OTHER: _____

YES NO

CURRENTLY CERTIFIED IN CPR

EXPIRATION DATE: _____

COPY OF CPR CERTIFICATION ON FILE

DATE RECEIVED: _____

CPR RECERTIFICATION ON FILE

DATE RECEIVED: _____

YES NO

CURRENTLY CERTIFIED IN FIRST AID

EXPIRATION DATE: _____

COPY OF FIRST AID CERTIFICATION ON FILE

DATE RECEIVED: _____

FIRST AID RECERTIFICATION ON FILE

DATE RECEIVED: _____