

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: _____