CFS 508-1
Rev. 12/2013

State of Illinois
Department of Children and Family Services

Date Submitted

INFORMATION ON PERSON EMPLOYED IN A CHILD CARE FACILITY*

I. Employing Facility_____

Facility Provider ID#_____

Address_____ _____ _____
(Street and Number) (City) (Zip Code)

II. Person Employed_____ _____
(Date of Birth)

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Phone _____

Home Address_____ _____ _____
(Street and Number) (City) (Zip Code)

III. **Employment** Date Employed:_____

Position for which employed (Check appropriate item):

- ☐ Executive, Superintendent, or Director
- ☐ Child Care Supervisor (child care institution)
- ☐ Child Care Worker (child care institution)
- ☐ Child Care Staff (group home)
- ☐ Child Welfare Supervisor (child welfare agency)
- ☐ Child Welfare/Licensing Worker (child welfare agency)
- ☐ Registered Nurse
- ☐ Teacher (residential facility)
- ☐ Housekeeping
- ☐ Licensed Practical Nurse (day care center only)
- ☐ Early Childhood Teacher (day care center)
- ☐ School-age Worker (day care center)
- ☐ Early Childhood Assistant (day care center)
- ☐ School-age Assistant (day care center)
- ☐ Substitute
- ☐ Cook
- ☐ Clerical
- ☐ Other: _____

IV. **Previous Employment** (Last ten years of employment)

From	To	Name and address of Employer	Type of Work and Title

☐ The employer, or authorized official of the employing facility has contacted the human resources personnel, management or knowledgeable supervisor for each listed previous employer to inquire about the employee's work performance and whether the employee would be eligible for rehire.

NOTE: ATTACH THIS FORM TO THE CFS 508 AND SUBMIT IT TO YOUR DCFS LICENSING REPRESENTATIVE

V. **Other Direct, Unpaid Experience with Children** (Such as scout work, Sunday School teacher)

_____

_____

_____

Report of Reference on File (At least three character and/or business, from persons not related to the employee)

Name of Reference	Address	Relationship

VI. **Educational Background** (Circle the one item indicating highest grade completed)

Elementary Grade: High School: GED:

0 1 2 3 4 5 6 7 8 1 2 3 4 ☐ Yes ☐ No

Years of College (Undergraduate): Years of Graduate Work:

1 2 3 4 1 2 3 4

College Degree:_____ Graduate Degree:_____

Name of School, College, or University last attended:_____

Other Special Training or Professional License (Specify):_____

Professional License Number:_____

Evidence of Educational Achievement on File: ☐ Yes ☐ No_____ (Explain)

VII. **Physical Examination**

Last Examination (Date):_____

Name and Address of Examining Physician:_____

Health Clearance Report on File? ☐ Yes ☐ No _____ (Explain)

VIII. **Certification of Employment**

I, the employer, or authorized official of the employing facility, do hereby certify that the above-named person is employed in the position indicated and that, to the best of my knowledge is qualified for the position indicated, and employment is in accordance with minimum standards prescribed by the Department of Children and Family Services.

Signed: _____

Executive Director/Director: _____