

**Epic Learning Center
APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

TODAY'S DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	CELL NO.	REFERRED BY	
DOB:	Email Address:		

Employment Information

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? _____ YES _____ NO		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO
EVER APPLIED TO THIS COMPANY BEFORE? _____ YES _____ NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS</td> </tr> <tr> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> </tr> </table>	SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">U.S. MILITARY OR NAVAL SERVICE</td> <td style="padding: 5px;">RANK</td> </tr> </table>	U.S. MILITARY OR NAVAL SERVICE	RANK
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS						
U.S. MILITARY OR NAVAL SERVICE	RANK					

**CONTINUE
ON BACK**

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM & TO				
FROM & TO				
FROM & TO				

REFERENCES (GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NUMBER	YEARS KNOWN	HOW YOU KNOW THEM

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

TODAY'S DATE _____ SIGNATURE _____

FOR OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

REMARKS

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NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	POSITION		HOURLY WAGE



LOUISIANA DEPARTMENT OF EDUCATION

INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____

Name of Child Care Provider or §1809 Entity _____

BY SIGNING BELOW:

1. I, _____ (Legal Name of Individual), give my consent for and authorize _____ (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98.43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-Louisiana Early Learning Center Licensing Regulations, §1803 and BESE Bulletin 139-Louisiana Child Care Development Fund Programs, §309.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name-based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
7. I understand that I will be notified of my determination of eligibility or ineligibility for child care purposes and of any provisional employment status, and that I will receive notice of any changes to my determination or status. I further understand that the above-listed child care provider or §1809 entity will receive notice of any changes to my determination or status.
8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice of changes in my eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to LDEchildcareCBC@la.gov.
9. I understand that my eligibility determination and employment status will be searchable by other child care providers and §1809 entities with access to the Child Care Civil Background Check System if I am determined to be eligible for child care purposes or if I am granted provisional employment status.
10. I consent to and authorize the above-listed child care provider or §1809 entity to submit to LDOE an application requesting a new CCCBC-based determination of eligibility on my behalf every five years at or around the expiration of my current CCCBC-based determination of eligibility, provided I remain employed by the above-listed child care provider or provided I am continuing to provide services in early learning centers for the above-listed §1809 entity at the time of the expiration of my current determination of eligibility.
11. I acknowledge that I am required to notify LDOE of any change in physical, mailing and/or email address within 14 days of the change in physical address or email address.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE AND I UNDERSTAND THAT PROVIDING FALSIFIED INFORMATION OR WITHHOLDING INFORMATION IS GROUNDS FOR DENYING ELIGIBILITY FOR CHILD CARE PURPOSES.

FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) : _____

SIGNATURE OF INDIVIDUAL or guardian, if applicable: _____ **DATE:** _____

For Child Care Criminal Background Check information, contact LDEchildcareCBC@la.gov



**Louisiana Child Care Civil Background Check System (CC-CBCS)
Initial Request Form**

This form is intended for provider/entity use only as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at <https://CCCBCLDOE.la.gov>.

All items marked with * are required for submission to our system

Applicant Information

*Full Name:

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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Maiden Name/

Former name or

Possible aliases/

AKA

<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Suffix</i>
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*Email Address:

*Social Security Number:

____ - ____ - ____

*Phone Number:

*Date of Birth

____ / ____ / ____

*DL/ID #

*DL/ID Exp Date

*DL/ID Issuance State

*Marital Status (Single,
Divorced, Separated,
Married, Widowed)



***Current Address:**

_____ <i>Street Address</i>		_____ <i>Apartment/Unit #</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP Code</i>

Mailing Address (if different than residential please check here ☐)

Mailing address

(if applicable)	_____ <i>Mailing Address</i>	_____ <i>Apartment/Unit #</i>
	_____ <i>City</i>	_____ <i>State</i>
		_____ <i>Zip Code</i>

Previous Addresses (from the last 5 years)

Time Period (mo/yr):

From: ____/____	_____ <i>Street Address</i>	_____ <i>Apartment/Unit #</i>
To: ____/____	_____ <i>City</i>	_____ <i>State</i>
		_____ <i>ZIP Code</i>

Address:

Time Period: (mo/yr)	_____ <i>Street Address</i>	_____ <i>Apartment/Unit #</i>
From: ____/____	_____ <i>City</i>	_____ <i>State</i>
To: ____/____		_____ <i>ZIP Code</i>

Address:

Time Period: (mo/yr)	_____ <i>Street Address</i>	_____ <i>Apartment/Unit #</i>
From: ____/____	_____ <i>City</i>	_____ <i>State</i>
To: ____/____		_____ <i>ZIP Code</i>

Demographic Information

*Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <input type="checkbox"/> Non-US National <input type="checkbox"/> _____ (other, please fill in) *Place of Birth _____	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Height: _____' *Weight _____ lbs	*Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blond or Strawberry <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> Other <input type="checkbox"/> White	*Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolored <input type="checkbox"/> Pink <input type="checkbox"/> Other
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Any Distinguishing Marks/Tattoos/Scars: _____

*Race

<p>Asian includes: Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander</p> <p>Black includes: A person having origins in any of the black racial groups of Africa.</p> <p>Native American includes: American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition</p> <p>White includes: Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin. Regardless of race.</p> <p>Unknown: Of indeterminable race</p>	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Unknown
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*This document contains personal information and should be returned, destroyed, shredded, or disposed of in a secure manner to preserve this individual's privacy and prevent its unauthorized use or access *

**** Do Not Mail this form to LDOE ****