

# Standard Application for Employment

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.*

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resumé, but all questions must be answered.

"Employer" WHIZ KIDZ ACADEMY & LEAP FROG ACADEMY	Position applying for
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<b>PERSONAL DATA</b>			
Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>POSITION INFORMATION</b> Check all that you are willing to work			
Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Days <input type="checkbox"/> Evenings <input type="checkbox"/>	Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Weekends <input type="checkbox"/>	Status: Regular <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>QUALIFICATIONS</b> Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.			
	School Name	Degree	Address/City/State
School			
School			
Other			

<b>SPECIAL SKILLS</b> List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.)

<b>REFERENCES</b> Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.			
Name	Address/City/State	Phone	Relationship

**WORK HISTORY** Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer?      Yes       No       N/A

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

<b>Job Title #4</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date



**Division of Child Care**

**DISCLOSURES TO BE PROVIDED TO AND SIGNED BY THE APPLICANT CHILD CARE STAFF MEMBER**

Kentucky National Background Check Program (NBCP) Department for Community Based Services,

Division of Child Care

FOR THIS TYPE OF EMPLOYMENT OR LICENSURE, STATE AND FEDERAL LAW REQUIRE A STATE AND NATIONAL CRIMINAL BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT

By signing this notice of required disclosures, the applicant for employment, volunteer services, or professional licensure, has the responsibility to be aware of the following:

- (1) A set of the applicant's fingerprints will be required to complete a background check in accordance with 922 KAR 2:280 through the Kentucky National Background Check Program (NBCP).
- (2) The applicant must complete and sign the Waiver Agreement and Statement (DCC-500), and provide a government-issued form of identification containing the applicant's photograph (such as a valid driver's license).
- (3) A background check facilitated by the NBCP shall include a:
  - (a) Check of required abuse registries; and
  - (b) Fingerprint-supported state and Federal Bureau of Investigation (FBI) criminal background check, which includes a comparison of the applicant's fingerprints with any latent fingerprints that may be on file with the Department of Kentucky State Police (KSP) or the FBI. The fingerprint images will be used for all criminal justice purposes.
- (4) The applicant's fingerprint images and associated information will be retained by KSP and the FBI in their databases and will be used to determine if the applicant has any criminal history information on file with the state [State] and federal [Federal] criminal history repositories. KSP or the FBI will process future searches, including latent fingerprint searches, against the applicant's fingerprints and make full use of them in any criminal prosecution under state or federal law, as well as notify the Department for Community Based Services of subsequent arrests and convictions indicated in the criminal history repositories concerning the applicant.
- (5) [~~Upon submission by the applicant to the fingerprint supported State and FBI criminal background check, an employer may choose to hire the applicant provisionally while the background check is processed.~~] Upon completion of the criminal background check, the Department for Community Based Services, Division of Child Care may release any record of state [State] criminal history found in the files of the Kentucky centralized criminal history record information system to the applicant's current or prospective employer as reported on the DCC-500, Waiver Agreement and Statement.

DCC-501

(R. 01/2022[12/2017])

922 KAR 2:280

(6) The applicant's Social Security Account Number is needed in order to keep records accurate pursuant to the Federal Privacy Act Statement, which may be downloaded at:

<https://www.fbi.gov/file-repository/privacy-act-statement-9-9-13.pdf/view>

[\[http://www.fbi.gov/aboutus/cjis/cc/library/privacy-act-statement-1\]](http://www.fbi.gov/aboutus/cjis/cc/library/privacy-act-statement-1)

(7) All information provided to the NBCP, Department for Community Based Services, Division of Child Care shall be kept confidential in compliance with applicable state and federal laws and regulations.

(8) The applicant has the right to request and inspect his or her criminal history record and to request correction of any inaccurate information. If the applicant does not exercise his or her right to inspect criminal history information, the commonwealth [~~Commonwealth~~] shall not be responsible for the dissemination of inaccurate information, or liable for damages resulting from its determination of the applicant's eligibility for employment.

**I HAVE READ, AND UNDERSTAND, THE FOREGOING DISCLOSURES.**

Printed Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT CHILD CARE STAFF MEMBER WAIVER AGREEMENT AND STATEMENT**

Pursuant to 922 KAR 2:280, Background checks for child care staff members, reporting requirements, and appeals, this form must be completed and signed by every prospective or current employee, volunteer, and licensee for whom fingerprint-based criminal history records are requested by a qualified entity.

I, the undersigned applicant, hereby authorize \_\_\_\_\_ (hereinafter "qualified entity") to request submission of a set of my fingerprints to the Kentucky State Police (KSP) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. By signing this Waiver Agreement and Statement, it is my intent to authorize the dissemination of any Kentucky and national criminal history record that may pertain to me to the Department for Community Based Services, Division of Child Care (hereinafter "DCC") for the purpose of determining whether I am eligible for employment, licensing, or serving as a volunteer under 922 KAR 2:280. I further authorize the DCC to release any record of State criminal history found in the files of the Kentucky centralized criminal history record information system to the above-named qualified entity. I understand that the KSP cannot disseminate any national criminal history record from the FBI to the above-named qualified entity pursuant to 28 C.F.R. 50.12.

I further understand that, until the criminal history background check is completed, the qualified entity may choose to hire me provisionally and deny me unsupervised access to children. I understand that upon written request to the DCC, I will be provided with a copy, if any, of a KSP or FBI criminal history report received on me. I understand that the DCC will only provide my criminal history report by certified mail, restricted delivery service. To receive my criminal history report from the local post office, I understand that I must show proof of identity and provide my signature. I also understand that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before a final decision is made about my status as an employee, or volunteer. If I do not exercise my right to challenge the accuracy and completeness of any information contained in my criminal history report, I agree to hold harmless the KSP and its employees from any claim for damages arising from the dissemination of inaccurate information. I also release the Department for Community Based Services, its officers, agents, and employees, from any liability or damages as a result of actions taken in good faith to comply with 922 KAR 2:280, including the disqualification of an applicant or employee from employment on the basis of a disqualifying offense.

**Yes, I have** been convicted of, pled guilty to, entered an Alford plea or a plea of nolo contendere to, or am under indictment for, a crime. **If yes, please describe the crime(s) and the particulars below. If extra space is needed please attach additional sheet of paper.** \_\_\_\_\_  
\_\_\_\_\_

**No, I have not** been convicted of, pled guilty to, entered an Alford plea or a plea of nolo contendere to, and am not under indictment for, a crime.

I am a current or prospective (check one):  **Employee**  **Licensee**  **Volunteer**  **Other (please describe)** \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Applicant Social Security Number: \_\_\_\_\_

Applicant Physical Address: \_\_\_\_\_

**TO BE COMPLETED BY THE QUALIFIED ENTITY:**

ENTITY NAME:	_____
ADDRESS:	_____
ENTITY ASSIGNED OCA:	_____

KEEP FOR YOUR RECORDS

**Applicant and Employee Rights under Kentucky's National Background Check Program**

An applicant or employee may: (1) challenge the accuracy and completeness of any information contained in his or her criminal history report, (2) challenge the finding that he or she is the true subject on an abuse registry, or (3) appeal the finding that he or she is not eligible for hire as the result of a State and FBI criminal history check in accordance with the following instructions:

**I. Challenge Requests**

Pursuant to Kentucky's Criminal History Record Information User Agreement, Section 6.12, a copy of an applicant's KSP and/or FBI rap sheet may be provided to the applicant upon completion of the initial fitness determination. A written request for the rap sheet must be submitted to the DCC at the following address:

Attn: National Background Check Program  
Department of Community Based Services  
Division of Child Care  
275 East Main Street, 3C-F  
Frankfort, Kentucky 40621

Upon receipt of the request, the DCC will send a copy of the applicant's rap sheet by certified mail, restricted delivery service. Applicants must show proof of identity and sign for the certified mail to obtain his or her rap sheet from the local post office.

**Request to Challenge a KSP rap sheet:** If an applicant believes that the information contained in his or her KSP rap sheet is incomplete or inaccurate, the applicant may contact the Kentucky State Police, Criminal Records Dissemination Section, at (502) 227-8700.

**Request to Challenge an FBI rap sheet:** In accordance with 28 C.F.R. 16.34, if an applicant believes that any information contained in his or her FBI rap sheet is incomplete or inaccurate, the applicant may direct his/her challenge regarding the accuracy or completeness of any entry on his/her record to:

FBI, Criminal Justice Information Services (CJIS) Division  
ATTN: SCU, Mod. D-2  
1000 Custer Hollow Road  
Clarksburg, WV 26306

**Abuse Registries:** If an applicant believes that his or her name is listed on one of the following abuse registries in error, the applicant may contact the agency responsible for the registry as follows:

- **Kentucky Child Abuse and Neglect Registry** - Contact the Kentucky CHFS Ombudsman Office ○  
(800) 372-2973 or (502) 564-5497

Out-of-state abuse registry findings must be addressed with the agency responsible for maintaining the abuse record.

## **II. Request for Informal Review**

If an applicant wishes to challenge the accuracy of the DCC's determination that the applicant is "not eligible for hire" based on the results of the applicant's criminal history check, the applicant may request an informal review as follows:

**Step One:** The applicant must sign, date, and send a written request for an informal review no later than 10 calendar days from the date of notice of the disqualifying offense to the following address:

Attn: National Background Check Program  
Department of Community Based Services  
Division of Child Care  
275 East Main Street, 3C-F  
Frankfort, Kentucky 40621

**Step Two:** The applicant's written request must include a copy of official documentation verifying the disqualifying offense was dismissed or otherwise removed from the applicant's criminal history report.

\*See Request for Administrative Hearing if dissatisfied with outcome of the informal review.

## **III. Request for Rehabilitation Review**

Certain criminal offenses found upon completion of a State and FBI criminal background check are eligible for consideration under the rehabilitation review process. The rehabilitation review process allows an applicant the opportunity to demonstrate that he or she is rehabilitated and not likely to repeat the conduct that led to the disqualifying offense.

Offenses not eligible for consideration under the rehabilitation review process include the following:

1. A disqualifying felony offense that occurred less than ten (10) years prior to the date of the criminal background check;
2. Any disqualifying felony or misdemeanor offense related to abuse, neglect, or exploitation of a child;
3. Registration as a sex offender under federal law or under the law of any state;
4. A sex or violent crime as defined by KRS 17.165; or
5. A child abuse and neglect substantiated finding that:
  - a. Occurred less than five (5) years prior to the date of the registry check; or
  - b. Involved:
    - (i) Sex abuse or sex exploitation of a child;
    - (ii) A child fatality related to abuse or neglect;
    - (iii) A near fatality of a child related to abuse or neglect; or
    - (iv) The involuntary termination of parental rights in accordance with KRS 625.050 through 625.120.

A request for rehabilitation review shall be made as follows:

1. A written request must be signed, dated, and mailed to the National Background Check Program at the following address:

Attn: National Background Check Program  
Department of Community Based Services  
Division of Child Care  
275 East Main Street, 3C-F  
Frankfort, Kentucky 40621

Be mailed no later than 14 calendar days from the date of the cabinet's determination issuance; and

2. Be accompanied by a written explanation of each disqualifying criminal offense, including:
  - ✓ A description of the events related to the disqualifying offense;
  - ✓ The number of years since the occurrence of the disqualifying offense;
  - ✓ The age of the offender at the time of the disqualifying offense;
  - ✓ Any other circumstances surrounding the offense;
  - ✓ Official documentation showing that all fines, including court-imposed fines or restitution, have been paid or documentation showing adherence to a payment schedule, if applicable;
  - ✓ The date probation or parole was satisfactorily completed, if applicable;
  - ✓ Employment and character references, including any other evidence demonstrating the ability of the individual to perform the employment responsibilities and duties competently; and
  - ✓ Evidence that the individual has pursued or achieved rehabilitation with regard to a disqualifying background check result.

\*See Request for Administrative Hearing if dissatisfied with outcome of the rehabilitation review.

#### **IV. Request for Administrative Hearing**

An applicant may appeal the results of an informal review or rehabilitation review by submitting a written request for an administrative hearing to the Office of Ombudsman at the address provided below. The request must be submitted within 30 calendar days of notice of the decision from the informal review or rehabilitation review.

The request for an administrative hearing must be signed, dated, and mailed to the following address:

Attn: Office of Ombudsman  
Cabinet for Health and Family Services  
275 East Main Street, 1E-B  
Frankfort, Kentucky 40621



## Applicant Pre-Screening Form

(Please Type or Print Clearly)

Name of Facility or Employer:			
Address of Employer:			
Applicant's Last Name:		Applicants First and Middle Names:	
Maiden Name:	Social Security Number:	Date of Birth:	Gender:
Government Issued ID (Include No. & Type):		State or Agency of Issue:	
Race:	Eye Color:	Hair Color:	Height (feet & inches):
Weight (lbs):	U.S. Citizen (Yes/No):	Place of Birth:	
Phone Number:	Phone Number Type:	Email Address:	
Current Physical Address Line One:		Current Physical Address Line Two:	
City:	State:	Zip Code:	County:
Current Mailing Address (if different):		City:	State:
Zip Code:	County:	Alt Phone Number:	Alt Phone Number Type:

List all residences you have lived at during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

Complete Address	Year From	Year To

List all cities and states where you have worked during the past seven years; include the timeframe in year from and year to format: (Use additional sheets if needed)

City	State	Year From	Year To

List any aliases and other names you have ever used; including any other dates of birth and social security numbers: (Use additional sheets if needed)

First Name	Middle Name	Last Name	Date of Birth	Social Security Number

**Have you ever been convicted of a crime?**  Yes  No

If you answered "YES" to the question above, please provide an explanation in this box for each conviction. Please provide the following: (1) offense(s) for which you were convicted; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

**Do you have any charges (pending) against you for a crime?**  Yes  No

If you answered "YES" to the question above, please provide an explanation in this box for each charge. Please provide the following: (1) offense(s) for which you were charged; (2) the date of the conviction(s); (3) the state or territory where the conviction(s) occurred; (4) the court; and (5) any action(s) taken by the court against you, including any sentence, or probation imposed. (Use additional sheets if needed)

**Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?**  Yes  No

If you answered "YES" to the question above, please provide an explanation in this box, including when and where it happened.

**Answering "NO" to all questions does not guarantee employment.**

**SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION**

**YOU MUST SIGN THIS FORM.** Please read the following acknowledgements carefully before you sign.

I understand that information requested regarding gender, race, height, eye color, hair color, weight, place of birth, citizenship and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law.

I understand that a false statement on any part of this form is grounds for either not hiring me, or firing me after I begin work. I consent to the release of information regarding a criminal history on me by the Kentucky State Police, Federal Bureau of Investigation (FBI), and any of its authorized agents. I certify that, to the best of my knowledge and belief, all of my statements are true, correct and complete.

Applicant's Signature:	Signature of Parent or Guardian if Under Age 18:	
Signature of Authorized Personnel at Hiring Facility:	Title:	Today's Date:

### Applicant Child Care Staff Member Live Scan Fingerprinting Form

Your application has been submitted by an organization that participates in the Kentucky National Background Check Program (NBCP). Applicants seeking placement with a NBCP participant will submit to a fingerprint-based National Background Check.

Please take this form to one of the Fingerprint locations listed below:

NAME	ADDRESS	HOURS	PHONE
<NAME>	<ADDRESS>	<HOURS>	<PHONE>
<NAME>	<ADDRESS>	<HOURS>	<PHONE>
<NAME>	<ADDRESS>	<HOURS>	<PHONE>

PRESENT THIS FORM AND VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION  
(DRIVER'S LICENSE, STATE ID, MILITARY ID, ETC.)

The Kentucky National Background Check Program will provide your NBCP Report to the Division of Child Care (DCC), Department for Community Based Services (DCBS). The DCC will review the NBCP report and advise the organization whether you are eligible based on the information from your NBCP Report.

### Applicant Information

Creation Date: <Date>  
ORI: <Number>

Expiration Date: <Date>



<number>

Name: <First MI Last Name>

Hair Color: <Color>

Address: <Street Address>

Height: <feet and inches>

<City, State, Zip>

Date of Birth: <mm/dd/yy>

Place of Birth: <City and State or Country>

Race: <Race>

Gender: <Female or Male>

Eye Color: <Color>

Upon collecting the applicant's fingerprints, return this form to the applicant for their record.

Date Fingerprint Collected: \_\_\_\_\_ Initials of Live Scan operator: \_\_\_\_\_