



BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS

Place in employee file and attach all background screening documentation.
Authority: s. 402.301-319, F.S., and s. 435, F.S.

Name of Employee: _____

Name of Facility: _____

*Social Security #: _____ Date of Birth: _____ Employment Date: _____

*Pursuant to Chapter 435.05, F.S., the Department's license/registration application requires personnel to give their Social Security number for the purposes of background screening. Social security numbers are used by the Department for identity verification only.

Position Classification (check one)	Position Type (check all that apply)	Age Group Assigned (check one)	Education Level (check one)
<input type="checkbox"/> Child Care Personnel <input type="checkbox"/> Intermittent Volunteer <input type="checkbox"/> Other Personnel	<input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Lead Teacher (must select age group) <input type="checkbox"/> VPK Instructor <input type="checkbox"/> Assistant Teacher <input type="checkbox"/> Substitute	<input type="checkbox"/> 0 – 12 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 4 Years VPK <input type="checkbox"/> 5+ Years <input type="checkbox"/> Mixed <input type="checkbox"/> Not Applicable	<input type="checkbox"/> No High School/GED <input type="checkbox"/> High School Student <input type="checkbox"/> High School/GED <input type="checkbox"/> National Early Childhood Credential <input type="checkbox"/> Birth Through Five Child Care Credential <input type="checkbox"/> School-Age Child Care Credential <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree or Higher

SCREENING DOCUMENTATION

All child care personnel are required by law to be screened pursuant to Chapter 435, F.S., as a condition of employment and continued employment.

Initial Screen

	Date Livescanned FDLE/ FBI	Date completed FDLE/ FBI
FINGERPRINT		
Affidavit of Good Moral Character (due on or before employment, following a 90 day break, or when changing employers)		N/A

5 Year Re-screen

	Date Livescanned	Date completed
FINGERPRINT		
FINGERPRINT		
FINGERPRINT		

OTHER REQUIREMENTS

Date Employment References Checked: _____

Names of References (attach additional documentation if necessary):

Leave of Absence Documentation from Employer (if applicable):