CHILD CARE PERSONNEL INFORMATION SHEET

ADDRESS: PHONE #: DATE OF HIRE:				
PHONE #: START DATE:	NAME OF EMPLOYEE			
DATE OF HIRE: START DATE: MERGENCY CONTACT: NAME RELATIONSHIP PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHI 100 NS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR WILL EXPIRE ON: DATE RECEIVED: WILL EXPIRE ON: DOSITION TITLE: DUALIFICATIONS: (EDUCATION & EXPERIENCE): TRANSCRIPTS: RESUME: CES NO COPY OF CRETIFICATION ON FILE DATE RECEIVED: CES NO CIPY OF CRECERTIFICATION ON FILE CES NO CIPY OF CRECERTIFICATION ON FILE DATE RECEIVED: CES NO CIPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: CES NO CIPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	ADDRESS:			
DATE OF HIRE: START DATE: MERGENCY CONTACT: NAME RELATIONSHIP PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHI 100 NS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR WILL EXPIRE ON: DATE RECEIVED: WILL EXPIRE ON: DOSITION TITLE: DUALIFICATIONS: (EDUCATION & EXPERIENCE): TRANSCRIPTS: RESUME: CES NO COPY OF CRETIFICATION ON FILE DATE RECEIVED: CES NO CIPY OF CRECERTIFICATION ON FILE CES NO CIPY OF CRECERTIFICATION ON FILE DATE RECEIVED: CES NO CIPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: CES NO CIPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:				
RELATIONSHIP PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHE FOURS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR DATE RECEIVED: WILL EXPIRE ON: DOLLE STRONG (EDUCATION/EXPERIENCE): DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: CREDENTIAL: OTHER: CREDENTIAL: COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: CPR RECERTIFICATION ON FILE DATE RECEIVED: CPR RECERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	PHONE #:			
RELATIONSHIP PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHIN 10 UNITS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR DATE RECEIVED: WILL EXPIRE ON: DOSTITION TITLE: DUALIFICATIONS: (EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: CES NO COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFICATION ON FILE COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	DATE OF HIRE:		START DATE	:
RELATIONSHIP PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHIN 10 UNITS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR DATE RECEIVED: WILL EXPIRE ON: DOSTITION TITLE: DUALIFICATIONS: (EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: CES NO COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFICATION ON FILE COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	EMERGENCY CONTAC	т.		
PHONE # RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHIN HOURS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT:	EMERGENET COMME			
RECORD KEEPING: APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHING UNDS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: CHILD CARE PERSONNEL HEALTH FORM PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR DATE RECEIVED: WILL EXPIRE ON: DATE RECEIVED: WILL EXPIRE ON: DOSITION TITLE: QUALIFICATIONS: (EDUCATION/EXPERIENCE): DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: CES NO CURRENTLY CERTIFICATION ON FILE DATE RECEIVED: COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:		RELATIONSHIP		
APPLICATION NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHE HOURS OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT: COPY IN FILE CHILD CARE PERSONNEL HEALTH FORM CHILD CARE PERSONNEL HEALTH FORM CHILD CARE PERSONNEL HEALTH FORM		PHONE #		
NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM (MUST SUBMIT TO NH STATE POLICE WITHIN 100 POLICE	RECORD KEEPING:			
ACTION OF START DATE) DATE SENT TO STATE OF NH - CRIMINAL RECORDS UNIT:	☐ APPLICATION			
CHILD CARE PERSONNEL HEALTH FORM CHYPYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR CHARACTER RECEIVED: WILL EXPIRE ON: WILL EXP	☐ NOTARIZED CRIMINA HOURS OF START DATE		ORIZATION FORM (MUST SUBMIT	T TO NH STATE POLICE WITHIN
PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEAR DATE RECEIVED:	DATE SENT TO STATE OF	NH – CRIMINAL RECORDS U	JNIT:	COPY IN FILE
DATE RECEIVED:	☐ CHILD CARE PERSON	NEL HEALTH FORM		
DATE RECEIVED:	(PHYSICAL EXAMINATION)	ON RECORD MUST BE ONE	FILE WITHIN 60 DAYS AND MUS	ST BE UPDATED EVERY 3 YEARS
COSITION TITLE: QUALIFICATIONS: (EDUCATION/EXPERIENCE): DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: CES NO COPY OF CPR CERTIFICATION ON FILE CPR RECERTIFICATION ON FILE DATE RECEIVED: CES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE	DATE RECEIVED:		WILL EXPIRE ON:	
QUALIFICATIONS: (EDUCATION/EXPERIENCE): DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: (ZES NO CURRENTLY CERTIFIED IN CPR EXPIRATION DATE: COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: CPR RECERTIFICATION ON FILE DATE RECEIVED: CES NO	UDATE RECEIVED:		WILL EXPIRE ON:	
DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: TES NO CURRENTLY CERTIFIED IN CPR	POSITION TITLE:			-
TRANSCRIPTS: RESUME: CREDENTIAL: OTHER: ZES NO CURRENTLY CERTIFIED IN CPR	QUALIFICATIONS: (EDUC	CATION/EXPERIENCE):		
TES NO CURRENTLY CERTIFIED IN CPR EXPIRATION DATE: COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: CPR RECERTIFICATION ON FILE DATE RECEIVED: CES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	☐ DOCUMENTATION OF	EDUCATION & EXPERIENCE	E ON FILE	
COPY OF CPR CERTIFICATION ON FILE COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: CPR RECERTIFICATION ON FILE DATE RECEIVED: CES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	TRANSCRIPTS:	RESUME:	CREDENTIAL:	OTHER:
COPY OF CPR CERTIFICATION ON FILE DATE RECEIVED: DATE RECEIVED: CES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:	YES NO	DEFEREN IN CRE	EVDID ATION DATE	
CPR RECERTIFICATION ON FILE DATE RECEIVED: CES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:				
ZES NO CURRENTLY CERTIFIED IN FIRST AID EXPIRATION DATE: DATE RECEIVED:	_			
COPY OF FIRST AID CERTIFICATION ON FILE EXPIRATION DATE: DATE RECEIVED:		N ON FILE	DATE RECEIVED:	
COPY OF FIRST AID CERTIFICATION ON FILE DATE RECEIVED:				
			EVDID ATION DATE	
	CODV OF FIDER VID O			