



## Employment History

List in order beginning with most recent employment. Attach additional pages if necessary.

Employer	Street Address, City, State, Zip
Your Job Title	Supervisor Name and Title
Description of Duties: _____ _____ _____ _____	From (Mo. /Yr. ) _____ To (Mo. / Yr.) _____  Reason for Leaving _____ _____ _____

Employer	Street Address, City, State, Zip
Your Job Title	Supervisor Name and Title
Description of Duties: _____ _____ _____ _____	From (Mo. /Yr. ) _____ To (Mo. / Yr.) _____  Reason for Leaving _____ _____ _____

Employer	Street Address, City, State, Zip
Your Job Title	Supervisor Name and Title
Description of Duties: _____ _____ _____ _____	From (Mo. /Yr. ) _____ To (Mo. / Yr.) _____  Reason for Leaving _____ _____ _____

Employer	Street Address, City, State, Zip
Your Job Title	Supervisor Name and Title
Description of Duties: _____ _____ _____ _____	From (Mo. /Yr. ) _____ To (Mo. / Yr.) _____  Reason for Leaving _____ _____ _____

Employer	Street Address, City, State, Zip
Your Job Title	Supervisor Name and Title
Description of Duties: _____ _____ _____ _____	From (Mo. /Yr. ) _____ To (Mo. / Yr.) _____  Reason for Leaving _____ _____ _____

## References

List three persons whom we may contact as references. One should be a former employer or a teacher if not previously employed (exclude relatives)

Name (Last, First, Middle)

Address (City, State, Zip)

Area Code/Telephone No.

.....	.....	.....
.....	.....	.....
.....	.....	.....

Have you ever been convicted of a criminal offense?

Yes\_\_\_, No \_\_\_\_. If yes, give details

.....

.....

Have you ever been investigated for suspected child abuse/neglect? Yes \_\_\_ No \_\_\_\_. If yes, explain.

.....

.....

Can you meet the essential functions of this job?

.....

Are you related to anyone employed by Union Chapel Daycare Center? If yes, give name of person (s).

.....

Are your religious beliefs sufficiently compatible with those of Union Chapel Missionary Baptist Church that you could conduct a developmentally appropriate Biblically based program of study? \_\_\_\_\_

Write the name and address of the church you are currently a member of, the pastor's name and a statement attesting to your salvation:

.....

.....

.....

.....

.....

This application is not complete without the following:

1. A physician's statement attesting to your general fitness for the job, your freedom from infectious disease, and a record of negative test for tuberculosis;
2. A Request for Clearance of State Registry on Child Abuse/Neglect by the Alabama Department of Human Resources;
3. A Criminal History Information Consent and Release Form
4. Documentation of the highest level of education indicated on the application.
5. Waiver and Consent form signed.

## Waiver and Consent:

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Union Chapel Missionary Baptist Church, I agree to abide by and be bound by the policies of Union Chapel Missionary Baptist Church and to refrain from inappropriate conduct in the performance of my duties on behalf of Union Chapel Missionary Baptist Church.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

_____	_____
Signature of Applicant	Date
_____	_____
Witness	Date

### FOR OFFICE USE ONLY

HIRED ( ) Yes ( ) No	POSITION _____
SALARY/WAGE _____	DATE REPORTING TO WORK _____
APPROVED BY: _____	
COMMENTS:	

This completed application package should be returned to:

Union Chapel Missionary Baptist Church  
315A Winchester Road NE  
Huntsville, Alabama 35811  
Attn: Child Development Center Ministry

**MEDICAL REPORT FOR PERSONS GIVING CARE TO CHILDREN**

NAME:	DATE OF BIRTH:
Address:	Position in child care facility:

**To the examining medical doctor, physician's assistant, or certified nurse practitioner:**

**This examination is needed to determine my physical ability to care for children or to perform services in a child care facility (home or center) or to have contact with children in care. I hereby authorize you to furnish a report of my examination to:**

**UNION CHAPEL MB CHURCH CHILD DEVELOPMENT CENTER**

**Name of child care facility or Department of Human Resources**

\_\_\_\_\_/\_\_\_\_\_  
Signature Date

**TESTS** (to be completed if other verification is not attached):

Date and result of Intradermal Tuberculin Test (Mantoux):

\_\_\_\_\_  
(Required for initial examination only)  
Date and result of chest x-ray if Mantoux was positive: \_\_\_\_\_

**HISTORY** of any chronic disease or disability that may affect his/her ability to care for children or perform services in a child care facility: Yes ( ); No ( ).

**PHYSICAL LIMITATIONS** that may affect his/her ability to care for children or perform services in a child care facility (home or center): Yes ( ); No ( ).

If "YES", to either question, please explain:

\_\_\_\_\_

In my opinion, the physical examination reveals that the above-named person is free of any infectious or contagious disease and is physically fit to care for children, to perform services in a child care facility, or to have contact with children. If not, please explain:

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_  
**Signature of medical doctor, physician's assistant, or certified nurse practitioner / Date**

**NAME/ADDRESS OF HOME/PROVIDER/AGENCY:** Union Chapel M B Church Child Development Center  
315A Winchester Rd NE Huntsville, AL 35811

**MANDATORY CRIMINAL HISTORY CHECK NOTICE:**

Alabama law requires that a criminal history background information check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care facility, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, complete, and accurate information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care to children, the elderly, or disabled individuals. Unless a criminal history background information check report and suitability determination have previously been obtained, you must complete a written request and consent for a criminal history background information check with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information shall be referred to the district attorney or law enforcement for investigation and possible prosecution. An individual who intentionally falsifies any information on the statement is guilty of a Class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

Convictions for any of the following crimes shall make an individual unsuitable for employment, volunteer work, approval, or licensure:

- 1) Murder, manslaughter, or criminally negligent homicide.
- 2) A sex crime. A sex crime includes the following:
  - a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-6-69 of the Code of Alabama 1975.
  - b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.
  - c) Kidnapping of a minor, except by a parent in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.
  - d) Promoting prostitution in the first or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.
  - e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.
  - f) Sexual misconduct, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
  - g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
  - h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.
  - i) Sodomy in the first or second degree, as proscribed by Section 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.
  - j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal obscene material to a child by computer as proscribed by Sections 13A-6-10 and 13A-6-111 of the Code of Alabama 1975.
  - k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.
  - l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.
  - m) A crime listed in the Community Notification Act Chapter 20 of Title 15 of the Code of Alabama 1975.
- 3) A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.
- 4) A crime committed against a child.
- 5) A crime involving the sale or distribution of a controlled substance.
- 6) Robbery.
- 7) Conviction for a crime listed in the federal Adoption and Safe Families Act for foster and adoptive parents only.
- 8) Conviction for a violation or attempted violation of an offense committed outside the State of Alabama is a sex crime or any other crime if the offense would be a crime in Alabama.

**CRIMINAL HISTORY STATEMENT**

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history information background check? Yes ( ) No ( ).

Have you ever been convicted of a crime? Yes ( ) No ( ).

If yes, state the date, crime, location, punishment imposed, and whether the victim was a child or an elderly or disabled individual.

\_\_\_\_\_

\_\_\_\_\_

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

**\$49 FEE REQUIRED**

STATE OF ALABAMA

DPS/DHR

COUNTY OF MADISON

CRIMINAL HISTORY INFORMATION  
CONSENT AND RELEASE FORM  
(Please print)

My full name is \_\_\_\_\_

I reside at: \_\_\_\_\_

City of: \_\_\_\_\_ State of: \_\_\_\_\_

I am possessed of sound mind and am legally competent to execute this consent and release. I hereby give consent and authorize the Alabama Department of Public Safety to release any and all criminal history information on me to the Alabama Department of Human Resources, Personnel Division, Criminal History Checks Unit, P.O. Box 304000, Montgomery, AL 36130-4000. This report is submitted in connection with the following home/provider/agency:

Name and Address (Please print) **Union Chapel M. B. Church Child Development Center**

FOR:  applicant for license/approval  employment  volunteer  homestudy

I do hereby, for myself, my heirs, executors, and administrators, release and forever discharge the Alabama Department of Public Safety and its officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information. I understand that I will receive a copy of the criminal history report from the Department of Human Resources. I further understand that I have the right to challenge the accuracy of the criminal history report with the Department of Public Safety and have a prompt determination of the validity of that challenge. I certify that I have read this consent and release and that I understand the significance of the

same, and in witness thereof I have voluntarily signed my name on this the \_\_\_ day of \_\_\_\_\_ 20\_\_.

OTHER NAMES/AKAs: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

Witness \_\_\_\_\_

Sworn to and subscribed before me on this the

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Witness \_\_\_\_\_

NOTARY PUBLIC

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My commission expires \_\_\_\_\_

**PLEASE NOTE:** This document must be **witnessed by two (2) witnesses or notarized by a Notary Public.**

SEND MONEY ORDER OR CASHIER'S  
CHECK OR CERTIFIED CHECK PAYABLE TO:

ALABAMA BUREAU OF INVESTIGATION  
IDENTIFICATION UNIT  
P.O. BOX 15 11

MAIL FORM AND FINGERPRINT CARDS TO:

MONTGOMERY, AL 36102-1511

SEND COPY OF FORM ONLY TO:

ALABAMA DEPT OF HUMAN RESOURCES  
PERSONNEL DIVISION  
CRIMINAL HISTORY CHECKS UNIT  
MONTGOMERY, AL 36130-4000

P.O. BOX 304000  
(334) 242-1780

FINGERPRINT TECHNICIAN:
<input type="checkbox"/> FINGERPRINT CARD ISSUED
<input type="checkbox"/> ELECTRONIC TRANSMISSION TO DPS
SIGNATURE
DATE