ASTAN INC LEARING ACADEMY

TEAM MEMBER APPLICATION

PERSONAL DETAILS:

Full Name: Today's Date:

Email Address:

Phone Number: Preferred Method of Contact: Phone or Email

Home Address:

City: State: Zip:

EDUCATION:

Highest Level of Education Completed:

- ☐ High School Diploma/GED
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Some College

Degree(s) Earned:

SKILLS & QUALIFICATIONS

Relevant Skills:
(list any child care or ECE job-specific skills)

Certifications or Special Training (if applicable):

EMPLOYMENT HISTORY:

Employer Name:

Job Title:

Dates of Employment: From: To:

Responsibilities & Achievements:

Employer Name:

Job Title:

Dates of Employment: From: To:

Responsibilities & Achievements:

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TEAM MEMBER APPLICATION

ADDITIONAL INFORMATION:

How did you hear about this job?
(e.g., Referral, Online Job Board, Company Website, etc.)

Desired Position? (e.g., Master Teacher, Assistant Teacher, Kitchen, Parent Liaison, etc.)

Desired Hourly Pay/Salary?

REFERENCES:

Please provide THREE professional references who are familiar with your work.

Reference 1:

Name: Relationship to Applicant:

Phone Number: Email:

Reference 2:

Name: Relationship to Applicant:

Phone Number: Email:

Reference 3:

Name: Relationship to Applicant:

Phone Number: Email:

APPLICANT'S DECLARATION

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from consideration for employment.

Print Name: Date:

Applicant Signature:

OKLAHOMA Human Services

Personnel Information

Program Type

Select one:

- ☑ Child Care Center or Family Child Care Home Personnel
- ☐ Residential or Child-Placing Agency Personnel

Program name	License number
	K8

Personnel or Applicant

First name | Middle name | Last name

All previous names, including aliases and maiden

Social Security number | Date of birth | Phone number | Alternate phone

Street address | City | State | ZIP code

Is your street address the same as your mailing? ☐ Yes ☐ No

Mailing address or PO Box | City | State | ZIP code

Email

Education

☐ Yes ☐ No Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent?

☐ Yes ☐ No When NO, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?

What is the highest grade you have completed: _____

Background Investigation

☐ Yes ☐ NoAre you required to register under the Sex Offenders Registration Act or Mary Rippy Violent Crime Offenders Registration Act?

☐ Yes ☐ No Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distributionof illegal drugs?

Signature of Personnel or Applicant

☐ Yes ☐ NoI understand by completing this form a background investigation will occur prior to hire.

☐ Yes ☐ NoI understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated
  - finding of abuse or neglect.

☐ Yes ☐ NoI certify the information provided on this form is true and complete.

_____ _____
Signature of personnel or applicant Date

_____ _____
Parent's signature when applicant is a minor Date

_____ _____
Position(s) assigned or title Employment date

Owner, Responsible Entity, Director, or Primary Caregiver Use Only

I understand giving false or incomplete information may result in denial or revocation of my license.

_____ _____
Signature of owner, responsible entity, director, or primary caregiver Date

Complete during hiring process by owner, responsible entity, director, or primary caregiver:

Date Restricted Registry search completed: _____

Date three referencechecks completed: _____

Date preliminary criminal history review results received,if applicable: _____ ☐ N/A

Date complete criminalhistoryreviewresults received: _____

Date Personnel Information form submitted to Licensing: _____

Form must be submitted to Licensing within 2 weeks of employment. Please ensure all sections of the form are complete before submitting to licensing.

Routing Instructions

Submit completed form to your assigned licensing specialist using the Submit button below.

Submit to Licensing Specialist