

**Palm Beach County Health Department
Child Care Licensing Program**

Attachment G

Family Child Care Personnel Employment History Check

Pursuant to Article VII(C), Palm Beach County Rules and Regulations Governing Family Day Care Facilities.

Facility Name: _____

Address: _____

Applicant's Name: _____ Position Applied For: _____ Date: _____

It is a requirement for all family child care operators and substitutes to have employment history checks completed as a part of the screening process. Complete Parts A and B below, and attach three (3) letters of reference. The original completed form must be submitted to: **Palm Beach County Health Department, Child Care Licensing, 800 Clematis Street, 4th Floor, West Palm Beach, FL 33401.**

A copy of each completed form must be kept on file at the facility.

A. EMPLOYMENT HISTORY FOR LAST TWO (2) YEARS (or more).

Employer's Name	Address	Position Held & Description of Duties	Begin & End Dates	Supervisor's Name	Phone Number

Attach additional sheet(s) if necessary.

B. CHARACTER REFERENCES (Three (3) letters of reference are required, and at least two of the letters must be from non-relatives. List the name, address, and phone number(s) of each person who wrote an attached letter of reference.

Name (Full 1 st and last names)	Address (include Street Address, City, and Zip Code)	Phone Number

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THIS PAGE IS FOR USE BY CHILD CARE LICENSING STAFF ONLY.

Owners or operators are responsible for conducting employment history checks for all employees as part of the background screening process. **These checks involve confirming employment dates, job titles, duties, and levels of job performance.** Failed attempts to obtain this information must be documented, including dates, times, and the reason(s) the information could not be obtained. In addition, the Palm Beach County Health Department will check employment history for OPERATORS and EMPLOYEES or SUBSTITUTES of family child care homes. A copy of this completed form must be kept on file at the family child care home.

RESULTS OF EMPLOYMENT HISTORY CHECKS

Employer's Name	Phone Number Called	Date	Work History Confirmed (YES or NO) If "NO" explain	Ask: How would you rate the employee's job performance?	Would Employer rehire? (Yes or No)	Check Completed By

CHARACTER REFERENCES VERIFIED

Name of Reference	Date Contacted	Verified (YES or NO)	Verified By