

TOHONO O'ODHAM NATION
DIVISION OF EARLY CHILDHOOD DEVELOPMENT
CHILD CARE SERVICES

P.O. Box 837 Sells, Az 85634

(520) 383-7800/FAX (520) 383-7810

PROVIDER INFORMATION (please print clearly):

NAME:	MAIDEN/OTHER NAMES USED:	DATE OF BIRTH:	SOCIAL SECURITY#:
MAILING ADDRESS:	CITY/STATE:	ZIP CODE:	PHONE
PHYSICAL ADDRESS:	CITY/STATE:	ZIP CODE:	MESSAGE #
E-MAIL ADDRESS:			
TRIBAL AFFILIATION (If applicable)	Tribe:		

Do you have a Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO	If No, are in the process of applying for one? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, explain:
Do you have a high school diploma/GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If NO, are you pursuing your GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a CDA Certificate (Child Development Associate)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you attended any other technical, vocational institution? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, Institution name, major, location and completion date:	
Have you completed CPR certification? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who issued card:	
Have you completed First Aid certification? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who issued card:	
Have you completed Fire Safety training? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who provided course:	
Have you completed Food Handlers certification? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who provided course:	
Have you completed a fingerprinting check? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who processed check:	
Do you have other certifications or cards? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, provide date, name of agency who provided course:	
Have you included 3 character reference letters? <input type="checkbox"/> YES <input type="checkbox"/> NO	Provide 3 letters from individuals who are familiar with your character and background.	

Have you provided child care services in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes provide dates, name of agency:
--	---------------------------------------

EMPLOYMENT HISTORY:

List employment history beginning with most recent. (Please COMPLETE all sections)

Job Title	Organization / Department / Address	Dates
Job Title	Organization / Department / Address	Dates
Job Title	Organization / Department / Address	Dates
Job Title	Organization / Department / Address	Dates

ADDITIONAL INFORMATION:

List all individuals 18 years of age or older who reside in home.

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	

COMMENTS:

All information provided is accurate, up to date and true. I understand if any information provided is false, I will not be eligible to participate in the Tohono O’odham Nation Child Care Services Program.

Provider Signature

Date

BACKGROUND INFORMATION
Please read carefully and thoroughly

Your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit: (1) traffic fines of \$300.00 or less, (2) any violation of law committed before your 16th birthday, (3) and violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender Law, (4) any conviction set aside under the Federal Youth Corrections Act of similar State law, and (5) any conviction whose record was expunged under Federal or State Law.

Section 231 of the Crime Control Act 1990, Public Law 101-647, require that employment applications for Federal Child Care positions have applicants sign a receipt of notice that a criminal record check will be conducted.

Definitions:

- ** A.R.S. 13-604.1. "Dangerous crime against children" means any of the following committed against a minor under fifteen (15) years of age:
- a. Second degree murder
 - b. Aggravated assault resulting in serious physical injury or committed by the use of a deadly weapon or dangerous instrument
 - c. Sexual assault
 - d. Molestation of a child
 - e. Sexual conduct with a minor
 - f. Commercial sexual exploitation of a minor
 - g. Sexual exploitation of a minor
 - h. Kidnapping
 - i. Sexual abuse

A dangerous crime against children in the first degree if it is a complete offense and in the second-degree if it is a preparatory offense.

** A.R.S. 8-201.11. "Dependent Child" means a child who is adjudicated to be:

- (b) Destitute or who is not provided with the necessities of life, or who is not provided with a home or suitable place of abode, or whose home is unfit for him/her by reason of abuse, neglect, cruelty or depravity by either of the parents, guardian, or other person having his/her custody of care.

1. Have you ever been arrested for or charged with a crime involving a child? **YES** **NO**

If "YES", attach an additional page and provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence and the names and address of the police department or court involved.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, requires a criminal records check for positions with regular contact.

2. Have you ever, (1) been arrested for or charged with a crime involving a child, (2) been found guilty of, or entered a plea of nolo contendere or guilty to any offense under Federal, State, or Tribal law involving crimes of violence; sexual assault, molestation, exploitation, contract or prostitution, or crimes against a person? **YES** **NO**

3. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (includes felonies, firearms, or explosives violations, misdemeanors, and all other offenses) **YES** **NO**

4. Have you been convicted by a military court martial in the past 10 years?(If no military service, answer "No") **YES** **NO**

If "YES", attach an additional page and provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.

5. Are you charged under any violation of law? YES NO

If "YES", attach an additional page and provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.

6. During the last five (5) years, were you fired from any job for any reason, did you audit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal, State, or Tribal employment by such respective agency and/or tribe. YES NO

7. Are you delinquent on any federal debt? (Includes delinquencies arising from federal taxes, loans, overpayment of benefits, and other debts to the U.S. government, plus defaults or federally guaranteed or insured loans such as student and home mortgage loans) YES NO

If you answered "YES", to any of above, attach an additional page and provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.

I, _____ certify that my response to these questions are made under the federal penalty of perjury, which is punishable by fines or imprisonment, and that I have received a notice that a criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

Provider Signature

Date

TO BE COMPLETED BY A NOTARY PUBLIC

Subscribed and sworn before me this _____ day of _____, 20____ by

_____, known to be the person named, or who has provided identification.
Registrant's Name

Notary Public Signature

In and for the County of _____, State of _____

My commission expires the _____ day of _____, 20_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Tohono O’odham Nation to conduct an investigation into my personal background for the purpose of evaluating my fitness to serve as a contract childcare provider.

I acknowledge and agree that the Tohono O’odham Nation may conduct all or part of such investigation. I also acknowledge and agree that the Tohono O’odham Nation may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, credit, employment history and public record information (such as but not limited to, records of civil judgment, criminal conviction, motor vehicle violations, tax liens, or bankruptcy information) as well as diplomas, degrees, licenses and transcripts may be relevant to the Tohono O’odham Nation evaluation of my fitness and that such inquiry will be made pursuant to such investigation to release and disclose it to the Tohono O’odham Nation.

I hereby release the Tohono O’odham Nation and any person providing information in connection therewith from any and all liability, which may arise in connection with the above, described background investigation.

I have been advised and I understand that I have the right to make a written request to receive information concerning the nature and scope of the above described background investigation. Copies of the "Authorization for Release of Information" that show my signature are as valid as the original "Authorization for Release of Information" signed by me. Before signing, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

Signature of Applicant

Date