



**Staff Information**

Facility name Cross Creek ELC			License number K8 30023298	
Applicant first name	Middle name	Last name	Social Security number	
Maiden and/or previous names			Date of birth	
Mailing: street address or P.O. box		City	State	Zip
Location: street address		City	State	Zip
Email address	Area code	Home phone	Area code	Cell phone

In the **LAST** three (3) years, have you lived outside Oklahoma? Yes  No

If YES, list other states and countries: \_\_\_\_\_

**Education.**

Do you have a high school diploma, GED, or are enrolled in high school? Yes  No

If NO, highest grade completed: \_\_\_\_\_

List child care credentials or educational certificates	Expiration date(s)
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**College.**

Name(s)	Location(s)	Date(s) graduated
Degree(s)	Major(s)	Minor(s)

**Previous child care employment.**

Name of employer(s)	Address (city, state, zip)	Phone	Full or part-time	Service dates

**Personal references.**

Complete at initial application only. List references who are **not** related to you **and** are familiar with your child care practices.

1. Name	Area code	Phone	Relationship
Mailing street address or P.O. Box	City		State Zip
2. Name	Area code	Phone	Relationship
Mailing street address or P.O. Box	City		State Zip
3. Name	Area code	Phone	Relationship
Mailing street address or P.O. Box	City		State Zip
4. Name	Area code	Phone	Relationship
Mailing street address or P.O. Box	City		State Zip
5. Name	Area code	Phone	Relationship
Mailing street address or P.O. Box	City		State Zip

**Background investigation.**

Have you been convicted of, or entered a plea of guilty, or nolo contendere (no contest), or have pending charges to any crime involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or animal cruelty?    **Yes**     **No**

Your registration on the Child Care Restricted Registry may occur when:

- a background investigation, conducted upon completion of this form or through out your employment, reveals a specified criminal history; or
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.

**Signature of applicant or employee.**

I certify the information provided on this form is true and complete.

\_\_\_\_\_ Date ..

Applicant/employee signature

\_\_\_\_\_ Date

Parent of minor child signature, if applicable