

**RECORD CHECK AUTHORIZATION FOR
LICENSED CHILD CARE PROGRAMS**

Print the name of the Child Care program exactly as it appears on the License Certificate:

(Certificate Number) (Name of the program on the License Certificate)

(Town of Program) (Program Telephone #)

Circle position held: Director Head Teacher Teacher Assistant Aide Substitute
 Owner Cook Janitor Transportation Other (please list): _____

Print: _____
 (Last Name) (First Name) (Middle Name)

Print maiden name and all other last names used: _____

Social Security #: _____ Date of Birth: ____/____/____

Place of Birth: _____ Male Female
 (Town) (State)

Employment Start Date: ____/____/____ Personal Contact Number: _____

Email: _____

Have you ever been convicted or found by a court to have committed a felony, fraud, crime of violence or unlawful sexual activity, and/or had abuse or neglect substantiated against him/her? ____ Yes ____ No

If YES, give conviction description: (attach additional sheets as needed)

I understand that the Agency of Human Services may make necessary and reasonable investigations into my personal references, including, but not limited to, criminal records maintained by the Vermont Criminal Information Center (State Police) and the abuse and neglect records maintained by the Agency.

Furthermore, I understand that I have the right to appeal the accuracy of any information obtained from the Vermont Criminal information Center by writing to: Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Signature: _____ **Date:** _____

Keep a copy for your record.

Child Development Division
103 South Main Street, 3 North
Waterbury, VT 05671-5500

