RECORD CHECK AUTHORIZATION
FOR LICENSED CHILD CARE PROGRAMS

Print all information

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

_____
(Program Name)

_____ . Town in which the Child Care Program is located: _____
(Certificate Number)

_____
(Telephone # at the Child Care Program)

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

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

Print maiden name and all other last names used: _____

Social Security # (Optional): _____ Date of Birth: _____

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

Employment Start Date: _____ Home Phone Number: _____ .

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 05671-2102.
Signature: _____ Date: _____

Please Return the WHITE page to: Child Development Division
103 South Main Street, A Building
Waterbury, VT 05671-5500