



Florida Department of Health – Palm Beach  
Child Care Licensing Program

Attachment G

Palm Beach County Rules and Regulations Governing Child Care Facilities and Palm Beach County Rules and Regulations Governing Family Child Care Homes and Large Family Child Care Homes, Adopted Pursuant to Chapter 2010-249, Laws of Florida

Child Care Personnel Employment History Check

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

It is a requirement for all child care personnel 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.

A copy of this completed form for each employee (including substitutes) must be kept on file at the facility.

A. EMPLOYMENT HISTORY FOR LAST FIVE (5) YEARS (or more).

Employer's Name	Full 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 <sup>st</sup> and last names)	Address (include Street Address, City and Zip Code)	Phone Number



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Child Care Personnel Employment History Check

The employer must complete this page.

**FOR USE BY EMPLOYER OR CHILD CARE LICENSING STAFF ONLY.**

Child Care facility owners are responsible for conducting employment history checks for all EMPLOYEES and SUSTITUTES as part of the background screening process. **These checks involve confirming job titles, duties, employment dates, 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 Florida Department of Health – Palm Beach will check employment history for child care facility OWNERS AND DIRECTORS. A copy of this completed form must be kept on file at the facility for all child care employees.

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