

**PERSONNEL RECORDS
R9-5-402.A., R9-5-403**

<input type="checkbox"/> 1. Employee Name: <hr/> Home Address: <hr/> Telephone #: 	Date of Birth: <hr/> Position: <hr/> Alone <input type="checkbox"/> Supervised <input type="checkbox"/>
<input type="checkbox"/> 2.* Start Date:	Hire Date: (if different)
<input type="checkbox"/> 3.* End Date:	
<input type="checkbox"/> 4. Emergency Contact:(name)	Phone #
<input type="checkbox"/> 5. Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that he/she has immunizations against measles, rubella, diphtheria, mumps and pertussis that are current. Employee Signature: _____ Date: _____	
<input type="checkbox"/> 6-7. Verification of Fingerprint Registration (see A.R.S. § 36-883.02.c, R9-5-203): <input type="checkbox"/> * Original signed <i>Criminal History Affidavit</i> dated _____ <input type="checkbox"/> Copy of the <i>Applicant Fingerprint Registration Application</i> (application # _____) <input type="checkbox"/> Copy of the <i>Fingerprint Clearance Card</i> (expiration date _____)(# _____) <i>front & back</i> <input type="checkbox"/> * DPS verification (date _____)	
<input type="checkbox"/> 8. Documents required by R9-5-301(F) <input type="checkbox"/> Mantoux TB Test Results (on or w/in 12 months prior to start date) _____ date of test results <input type="checkbox"/> A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date	
<input type="checkbox"/> 9. Documents required by R9-5-401 <input type="checkbox"/> High School Diploma/GED Certificate <input type="checkbox"/> Work Experience (based on full time employment, 30+ hours/week)	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> DIRECTOR Qualifications <input type="checkbox"/> Age (21+) <input type="checkbox"/> Experience (months: 24, 18, 6, 3) <input type="checkbox"/> Education / Training (HS, Cred'l, 24 crd, AA, BA or BS) </div> <div style="width: 35%;"> <input type="checkbox"/> Education / Training (HS, Cred'l, 24 crd, AA, BA or BS) </div> </div>	
<input type="checkbox"/> 10. Written Documentation of Training required by R9-5-403 <input type="checkbox"/> * New Staff Training within 10 calendar days of starting date (date) _____ <input type="checkbox"/> Eighteen (18) Hours of Annual In-Service Training based on starting date, including at least 6 hours in areas of child growth & development YEAR: _____ (based on start date) HOURS: _____	
<input type="checkbox"/> 11. Current License or Certification <input type="checkbox"/> AZ Driver's License (if a van driver) Expires: _____ <input type="checkbox"/> Food Handlers Card Expires: _____ <input type="checkbox"/> First Aid Certificate Expires: _____ <input type="checkbox"/> CPR Certificate Expires: _____	
<input type="checkbox"/> 12. Good faith efforts to contact previous employers: <input type="checkbox"/> Contact 1 Name: _____ Date: _____ <input type="checkbox"/> Contact 2 Name: _____ Date: _____	
<input type="checkbox"/> 13.* <input type="checkbox"/> Central Registry (ADCS) Direct Service Position form (date) _____ <input type="checkbox"/> Central Registry (ADCS) check (copy of submittal, or documentation of results)	

RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE

* Must be updated for Initials due to Change of Ownership