



Application for Employment

Please complete all fields and return in person or by mail to 64 Toby Way, Palmyra, VA 22963, or email to director@naturalstepscdc.com

Personal Information

Date: _____

Name		Date of Birth:	
Street Address		SSN:	
City	State	Zip	
Email Address		Phone Number	

Position Information

Job Position Desired	
If offered employment, what date would you be available to begin work?	
Are you legally eligible for employment in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of any crime, excluding traffic violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe	

Education and Training

Highest Level of Education completed:	
Name of High School	Graduation Year
Address:	
Name of College (if applicable)	Did you receive a degree? Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	
If yes, degree received	
Other Training (graduate work, technical, vocational)	
Awards, Honors, or Special Achievements	



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Employment History

Are you currently employed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, may we contact your current employer?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Current Employer			
Contact Name		Phone Number	
Address			

Please list your most recent employment first.

Employer Name	
Address	
Job Duties	
Reason for Leaving	
Dates of Employment	From (month/year) _____ To (month /year) _____

Employer Name	
Address	
Job Duties	
Reason for Leaving	
Dates of Employment	From (month/year) _____ To (month /year) _____

Employer Name	
Address	
Job Duties	
Reason for Leaving	
Dates of Employment	From (month/year) _____ To (month /year) _____



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References

Please list three people, **unrelated to you**, who will be able to speak to your qualifications for this position.

Name	
Phone	Occupation
Relationship	Number of Years Acquainted

Name	
Phone	Occupation
Relationship	Number of Years Acquainted

Name	
Phone	Occupation
Relationship	Number of Years Acquainted

Please provide any additional information that you believe should be considered for employment at Natural Steps Child Development Center.

Place of birth

State:	City:
Gender:	Race:
Hair Color:	Eye Color:
Height:	Weight:

Have you lived out of state in the last 5 years? (circle one)	yes	no
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If **yes**, please complete the following:

From:	To:	
Address:		
City:	State:	Zip Code:

From:	To:	
Address:		
City:	State:	Zip Code:

From:	To:	
Address:		
City:	State:	Zip Code:

Please list three dates and times you would be available to schedule your fingerprints. The site is located on Pantops, and the actual process takes about 5-10 minutes.

Date:	Time(s):
Date:	Time(s):
Date:	Time(s):

I hereby certify that all information given on this form is complete and truthful.

Signature: _____

Date: _____

I authorize Natural Steps Child Development Center to contact any former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as a reference to fully and freely communicate information regarding my previous employment, education, and character.

I authorize the school to undertake a criminal background check concerning my past. I understand and agree that information received from the background check and application verification will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.

By signing this form, I certify that the information provided on this application is complete, truthful and accurate in all respects. I understand that providing false or misleading information will be the basis of rejection of my application, or if employment commences, immediate termination.

Signature: _____

Date: _____

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name	First	Middle	Maiden	Social Security Number	
Current Mailing Address		Street, P.O. Box #, Apt. #	City	State	Zip Code
Natural Steps Child Development Center		64 Toby Way	Palmyra	VA	22963
Name of Licensed/Registered Approved Facility/Provider		Street, P.O. Box #, Apt. #	City	State	Zip Code

Have you lived outside of Virginia in the past five years? Yes No

If yes, what state(s) have you lived in: _____

Please respond to all four (4) questions below:

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia? Yes (convicted in Virginia) Yes (pending in Virginia) No

If yes to convicted or pending, specify crime(s): _____

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia? Yes (convicted outside Virginia) Yes (pending outside Virginia) No

If yes to convicted or pending, specify crime(s) and state, or other location: _____

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia? Yes (in Virginia) No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? Yes (outside Virginia) No (outside Virginia)

If yes, specify state, or other location: _____

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature Date

Explanation of Sworn Statement or Affirmation

Requirement: Sections 63.2-1704, 63.2-1720, 63.2-1720.1, 63.2-1721, 63.2-1721.1, 63.2-1722, 63.2-1724 and 63.2-1725 of the *Code of Virginia* (Code) require individuals to provide a sworn statement or affirmation to a licensing, approving or hiring authority, facility, or agency prior to licensure, registration, approval, employment, or provision of volunteer services. A sworn disclosure or affirmation is a statement completed by a person attesting to whether he has ever been: (i) convicted of or the subject of pending charges of any crime within the Commonwealth or equivalent offense outside the Commonwealth, or (ii) the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. Additionally for family day homes, the person affirms if he, or if he knows that any person who resides in the home, has a sex offense conviction or is the subject of a founded complaint of child abuse or neglect within or outside the Commonwealth. The statement or affirmation must be made available to the Department of Social Services' representative.

Who must comply: These individuals must provide sworn statements or affirmations:

- Applicant upon application for licensure or registration as a child welfare agency, and any subsequent person designated as applicant, licensee, or registrant;
- Agent at the time of application who is or will be involved in the day-to-day operation of the child welfare agency or who is or will be alone with, in control of, or supervising one or more of the children and any subsequent person designated as agent who will be involved in the day-to-day operation or will be alone with, in control of, or supervising one or more of the children;
- Any other adult living in the home of an applicant for licensure or registration or approval as a family day home, or any existing employee or volunteer, and subsequent employee or volunteer or other adult living in the home;
- Operator of family day home requesting approval by family day system;
- Person who signs the statement of intent to operate a religiously exempt child day center;
- Any person who will be expected to be alone with one or more children enrolled in a religious exempt child day center; and
- Any employee or volunteer of a licensed, registered, or approved facility who is involved in the day-to-day operations or who is alone with, in control of, or supervising one or more children.

Note: Any other child day center or family day home that has not otherwise met these requirements, and applies to enter into a contract with a local department to provide child care services to clients of a local department, must also submit a sworn statement or affirmation.

Exception: A parent-volunteer is not required to provide a sworn statement or affirmation. A parent-volunteer is a person supervising, without pay, a group of children that includes the parent-volunteer's own child in a program that operates no more than four hours per day, provided that the parent-volunteer works under the direct supervision of a person who has received satisfactory background checks as provided for in the Code.

Any person making a materially false statement regarding any such offense is guilty of a Class 1 misdemeanor.

Further dissemination of the sworn statement information is prohibited other than to the Commissioner's representative or a federal or state authority or court in order to comply with an express requirement in the law for that dissemination.

Consequence: If a person required to submit a sworn statement or affirmation (i) fails to submit a sworn statement or affirmation, or (ii) has been convicted of a barrier crime (specified below), or (iii) has been convicted of any other felony in the last five years, or (iv) has been the subject of a founded complaint of child abuse or neglect, and the facility refuses to separate that person from employment or service:

- Licensure, registration or approval of a child day program is prohibited;
- Licensure, registration or approval will be revoked and renewal of a license or registration or religiously exempt status will be denied;
- Religiously exempt status will be revoked; and
- The child welfare agency will not be permitted to receive federal, state or local child care funds.

Exception: A person who wants to operate or to volunteer or work at a facility covered by this regulation, but who is disqualified because of a criminal conviction, or a criminal conviction in the background check of any other adult living in a family day home governed by this regulation may apply for a waiver if: 1) a non-barrier crime felony conviction occurred less than five years ago, or 2) any other adult living in the home of a state regulated family day home applicant or provider has been convicted of not more than one misdemeanor offense of assault and battery or assault and battery against a family or household member. This other adult may not be an assistant or substitute provider.