



REGISTRY APPLICANT
EMPLOYMENT HISTORY FORM
(To be filled out by Director of Childcare facility or personnel/HR Office)
PATCH

Part I. For the Applicant to complete:

Name: _____	Date of Birth: _____
Address: _____	Phone Number: _____

I hereby authorize you to release information to PATCH and/or to my current or prospective employer pertaining to my employment history records.

Applicant Signature: _____ Date: _____

Part II. For the Former or Current Employer to complete:

Name of Child Care Facility: _____
Position Held at the Facility: _____
Dates of Employment: _____
Age of children worked with: <input type="checkbox"/> Infants-Toddlers (6wk-35 mon) <input type="checkbox"/> Preschool (3-5 yrs.) <input type="checkbox"/> School aged (K—13 yrs.)
Hours per week: _____

Please indicate the responsibility that this employee or former employee has held at your organization: _____ _____ _____
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Signature: _____ Date: _____

Print Name/Title: _____ Phone #: _____

Please return this form to:

PATCH
ATTN: DHS Early Childhood Registry
560 North Nimitz Hwy, Suite 218
Honolulu, HI 96817

Please submit forms with Registry application, should you need additional assistance, please contact us at:
Phone: (808) 839-1791
Email: registry@patch-hi.org