

Please complete the Personnel Information packet and attach your cover letter and resume. Applications can be turned into the office or left in the locked drop box outside of the main doors.

115 E. 5th Street Claremore, OK 74017 918-342-4585

Fax: 918-341-3671

Email: mscsclaremore@gmail.com

Facebook: Mustard Seed Christian School

Website: fpcclaremore.org/mustardseed



Personnel Information

Program name			K8 30020320 License number	
Personnel or Applicant				
First name Middle name	e Last name	Socia	al Security number	
Date of birth All previous names, in	ncluding aliases and mai	den		
Street address	City	State	ZIP code	
Mailing address or PO Box	City	State	ZIP code	
Email				
Phone number with area code	Alternate pho	one number with a	rea code	
Education				
Do you have a high school diploma, Gencredential, or Licensing approved equiva	•	ment (GED)	☐ Yes ☐ No	
When NO , are you in the process of obtaining a high school diploma, GED, o Licensing approved equivalent?			☐ Yes ☐ No	
What is the highest grade you have com	pleted:			
List child care credentials or	educational certificate	es Exp	oiration date(s)	
+			-	
College				
College/university/school	Loca	ation(s)		
Degree or credential Major/mir	nor Atte	ndance (MM/YY - N	MM/YY)	

First name	Last name				8 30020320 ense number
Graduation date	Nun	nber of complete	d semester	hours if you	did not graduate
College/university/school	ol		Location(s)		
Degree or credential	Major/minor		Attendance	(MM/YY - M	M/YY)
Graduation date	Number of completed semester hours if you did not graduate				
+ Previous Child Care B	Employment				-
Frevious Cilliu Care I	-mpioyment				
Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of	f employment
				From	То
				From	То
				From	То
+				1	-
Personal References					
All applicants for all per of them from your most	•		on-relative re	eferences, w	ith at least two
Name		Phone num	ber R	elationship	
Mailing address or PO Box		City	Si	tate	ZIP code
Name		Phone num	ber R	elationship	
Mailing address or PO	Вох	City	Si	tate	ZIP code

				K8 30020320	
First name	Last name		L	icense number	
Name		Phone number	Relationship	p	
Mailing address or PO Box		City	 State	ZIP code	
+					-
Background Investiga	ation				
Are you required to regi Rippy Violent Crime Off		_	Act or Mary	☐ Yes	□ No
Do you have pending che (no contest); or been contest); or been contract irresponsibility or disregular sexual misconduct; child distribution of illegal drustignature of Personn	onvicted of any criminal lard for the safety of of d abuse or neglect; an gs?	al activity involving gro thers; violence agains	oss st an individual;		□ No
I understand by comple to hire. I understand my registra may occur when:		-	•	☐ Yes	☐ No
•	vestigation reveals a s	pecified criminal histo	ry; or	☐ Yes	□No
 an action against finding of abuse 	t a child in care results or neglect.	s in a confirmed or sul	•	☐ Yes	☐ No
I certify the information	provided on this form i	is true and complete.			
Signature of personnel	or applicant		Date		
Parent's signature wher	n applicant is a minor		Date		

First name	Last name	K8 30020320 License number
Program Use Only		
Complete during hiri	ng process by owner, responsible (entity, director, or primary caregiver:
Date Personnel Inform	ation form submitted to Licensing:	
Form must be submitte	ed to Licensing within 2 weeks of empl	loyment
Date Restricted Regis	try search completed:	
Date three reference c	hecks completed :	
Date preliminary crim	nal history review results received, wl	hen applicable:
Date complete crimina	al history review results received:	
Employment date	Position(s) assigned or title	
Signature of Owner,	Responsible Entity, Director, or Pri	imary Caregiver
I understand giving fals	e or incomplete information may resu	ult in denial or revocation of my license.
Signature of owner, res	sponsible entity, director, or primary ca	aregiver Date