



REGISTRY APPLICANT
EMPLOYMENT HISTORY FORM
PATCH

Part I. For the Applicant to complete:

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

I hereby authorize you to release information to PATCH’s Child Care Provider Registry pertaining to my employment history records for determination of my qualifications to work at a child care facility licensed by the Hawai`i Department of Human Services.

Applicant Signature: _____ Date: _____

Part II. For the Former or Current Employer to complete (To be filled out by Director of child care facility or personnel/Human Resources Office)

Name of Child Care Facility: _____
Position Held at the Facility: _____
Dates of Employment: _____
Age of children worked with: Infants-Toddlers (6wk-35 mon) Preschool (3-5 yrs.) School aged (K—13 yrs.)
Hours per week: _____ Is the I/T Center Licensed by the State? _____

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

I declare under penalty of false swearing that the information I have provided on this form is true, correct and and complete. Any false statements made herein are subject to penalty of false swearing and are punishable by law (HRS §710-1062).

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