



Facility Information

Name _____

Mailing Address _____

City _____, State _____ Zip _____

Physical Address of Applicant's Service _____

APPLICANT WRITTEN STATEMENT

INSTRUCTIONS: All questions must be answered completely and to the best of your knowledge. Answers left blank may result in the rejection of the application.

TCN Number(Provided After Fingerprint Submission): _____

Full Name

First Name _____

Middle Name _____ No Middle Name _____

Last Name _____

**Aliases
(birth name, married name(s))**

Date of Birth

Social Security Number _____ None _____

Place of Birth (city, state, country) _____

Primary Language _____

Current Physical Address

Address _____

Address (optional) _____

City _____, State _____ Zip _____

Mailing Address Same as Physical

Address _____

Address (optional) _____

City _____, State _____ Zip _____

Contact Information- Primary Phone Number

Secondary Phone Number (optional) _____

Sex: (circle one)

Male _____ Female _____

Previous Addresses (past five years, most recent first, and include number, street, city, state, zip code.) If you need more space, use a separate sheet of paper.

Address	City	State	Zip

Current Marital Status (check one): Single Married Separated Divorced Widowed

Current Spouse/Significant Other (First Middle Last)

_____ Date of Birth _____

Full Name(s) and Date(s) of Birth of: Birth Children, Adopted Children, Foster Children, and other Children who have lived in your household(s) within the past five years (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)

Full Name(s) and Date(s) of Birth of all Adults who have previously lived with you (within the past five years) (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth (month, day, year)

Full Name(s) and Date(s) of Birth of all Adults who are currently living with you (If you need more space, use a separate sheet of paper)

First Name	Middle Name	Last Name	Date of Birth

Names and Places of School(s) attended, along with graduation dates (High School, University, College, and Vocational Training) (If you need more space, use a separate sheet of paper)

Name of School	Location of School	Graduation Date	Type (high school, college, etc.)

Employment History (past ten years, include dates of employment / explain gaps in employment) (If you need more space, use a separate sheet of paper)

Employer	Start Date	End Date	Explain Break in Employment

IF YOU DO NOT UNDERSTAND THESE QUESTIONS. PLEASE SEEK GUIDANCE BEFORE ANSWERING THEM!

Have you ever been involved in a CYFD investigation of abuse or neglect of children or adults as the alleged perpetrator or household member? If so, provide the dates of all such investigations and the outcome of those investigations. **NOTE: Failure to provide this information may lead to denial of your application.**

Yes, I have been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member (Provide details).

No, I have never been involved in a CYFD (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? **NOTE: Failure to provide this information may lead to denial of your application.**

Yes, I have been charged with, arrested for, or convicted of a crime (Provide an explanation and disposition).

No, I have never been charged with, arrested for, or convicted of a crime.

I understand that information submitted will be used to conduct an FBI supported background check and I, _____, hereby affirm under penalty of perjury that all the answers given on this statement are true and accurate to the best of my knowledge. By signing this affirmation, I am acknowledging that any falsehoods, omissions, or intentionally misleading answers will be grounds for denial of my application. If I do not understand any of the questions, I will seek help and ask for more information.

SIGNATURE: _____

DATE: _____



NEW MEXICO

Early Childhood
Education & Care Department

EMPLOYER STATEMENT

Name of Facility or Program

Mailing Address

City State Zip

Physical Address of Applicant's Employment

EPICS #

I, _____, authorized representative, hereby attest that _____ is an applicant for employment, an employee, contractor or volunteer with our organization. This applicant, employee, contractor or volunteer requires an ECECD background check pursuant to 8.9.6 NMAC and has direct care responsibilities or potential unsupervised access to care recipients. I understand that by signing this statement, our organization waives any claim that this applicant, employee, contractor or volunteer does not have direct care responsibilities or does not have potential unsupervised access to care recipients in the event that he/she is determined to be an unreasonable risk and denied background check eligibility.

I further attest that our organization has or could have primary custody of children for twenty hours or more per week.

Signature of Employer Representative

Title

Phone Number

Fax Number

Email Address

Date