

**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.**

**Fingerprint Registration Number:** \_\_\_\_\_

<p><b>Full Name</b></p> <p>_____ First Name</p> <p>_____ Middle Name <input type="checkbox"/> No Middle Name</p> <p>_____ Last Name</p> <p><b>Current Physical Address</b></p> <p>_____ Address</p> <p>_____ Address (optional)</p> <p>_____, _____, _____ City State Zip</p>	<p><b>Aliases</b> (birth name, married name(s), nick names)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Mailing Address</b> <input type="checkbox"/> Same as Physical</p> <p>_____ Address</p> <p>_____ Address (optional)</p> <p>_____, _____, _____ City State Zip</p>	<p><b>Date of Birth</b></p> <p>_____ Social Security Number <input type="checkbox"/> None</p> <p>_____ Place of Birth (city, state, country)</p> <p>_____ Primary Language</p> <p><b>Contact Information</b></p> <p>_____ Primary Phone Number</p> <p>_____ Secondary Phone Number (optional)</p>
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**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 Social Security Number

**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

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 8.8.3 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