

**PERSONNEL RECORDS  
R9-5-402.A., R9-5-403**

1. Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Position: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Alone  Supervised

2. Start Date: \_\_\_\_\_ 3. End Date: \_\_\_\_\_

4. Emergency Contact:(name) \_\_\_\_\_ Phone # \_\_\_\_\_  
Mailing address: \_\_\_\_\_

5. Immunization Statement: In Compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, mumps and pertussis are current.

**Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

6-7. Verification of Fingerprint Registration (*see A.R.S. § 36-883.02.c, R9-5-203*):

- Original signed *Criminal History Affidavit* dated \_\_\_\_\_
- Copy of the *Applicant Fingerprint Registration Application* (application # \_\_\_\_\_)
- Copy of the *Fingerprint Clearance Card* (expiration date \_\_\_\_\_)(# \_\_\_\_\_)
- DPS contacted (date \_\_\_\_\_) (person \_\_\_\_\_)(status \_\_\_\_\_)

8. Documents required by R9-5-301(F)

Mantoux TB Test Results (on or w/in 12 months prior to start date) \_\_\_\_\_ date of test

A health care provider's signed statement that the individual is free from TB, dated w/in 6 months of start date

9. Documents required by R9-5-401

High School Diploma/GED Certificate Verified by \_\_\_\_\_  
 Work Experience name date

saw orig.  
 by phone  
 by letter

10. Written Documentation of Training required by R9-5-403

New Staff Training within 10 days of starting date: \_\_\_\_\_  
date of training

Eighteen (18) Hours of Annual In-Service Training based on starting date, including at least 6 hours in areas of child growth & development:  
'09/'10: \_\_\_\_\_ hrs; '10/'11: \_\_\_\_\_ hrs; '11/'12: \_\_\_\_\_ hrs; '12/'13: \_\_\_\_\_ hrs

11. Current License or Certification

- AZ Drivers License (if a van driver) Expires: \_\_\_\_\_
- Food Handlers Card Expires: \_\_\_\_\_
- First Aid Certificate Expires: \_\_\_\_\_
- CPR Certificate Expires: \_\_\_\_\_

12. Good faith efforts to contact previous employers:

Contact 1 – Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact 2 – Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RETAIN ENTIRE FILE 12 MONTHS FROM TERMINATION DATE**