CITY OF MOSCOW
DAYCARE PROVIDER LICENSE – NEW APPLICATION

New employees are required to complete an application for a Moscow Day Care License within FIVE (5) DAYS of employment. Please do not jeopardize your license or that of your employer. Incomplete applications or applications without the necessary attachments will be returned and a denial of license may be recommended.

THE CITY OF MOSCOW REQUIRES:

1. A processing fee seventy two dollars ($72) with this application which includes the background check and fingerprinting charges. Fee is nonrefundable.
2. Signed and notarized *Waiver and Authorization to Release Information* form.
3. Proof of Current First Aid Certification (within 30 days of your application date).
4. Proof of Current CPR Certification (within 30 days of your application date).
5. Proof of four (4) hours of training in Early Childhood Development and/or children's health and safety (within 30 days of your application date). Do not include first aid or CPR as part of this requirement.

Fingerprints must be completed at the Moscow Police Department (118 East 4th St). Call 883-7054 for hours of fingerprinting.

Name: _____
LAST *FIRST* *MIDDLE* *(MAIDEN)*

Permanent Address: _____
STREET *CITY* *STATE* *ZIP*

Local Address: _____
STREET *CITY* *STATE* *ZIP*

Date of Birth: _____ Place of Birth *(City & State)*: _____

Cell or Local Phone #: _____ Social Security #: _____

Email: _____

EMPLOYMENT INFORMATION:

Daycare Facility Name: _____

Date my employment begins with the above daycare facility: _____

Are you immunized against communicable diseases? [ ] YES [ ] NO

Have you ever previously worked at a daycare facility in Moscow? [ ] YES [ ] NO

If you answered "YES" above, please list the daycare facility name and dates of employment:

_____

_____

_____

(Continue to next page)

PAST HISTORY

Have you ever, anywhere or at any time, been convicted of, or had involvement with/in any crime or circumstance listed in Moscow City Code Section 9-10-8? [ ] YES [ ] NO

If you answered "YES", regardless of subsequent court action resulting in dismissal or expungement, please explain each event fully (you may submit additional paper if necessary):

DATE OF EVENT	PLACE OF EVENT	OFFENSE	RESULT

READ CAREFULLY: I have read all of the above (including Moscow City Code Section 9-10-8) and declare under penalty of perjury that each and every statement made is true, correct, and complete. I understand that an investigation will be made on all information contained in this application and authorize the City to conduct such investigation.

_____ _____

Applicant's Signature *Date*

STATE OF IDAHO)
) ss:
County of Latah)

Subscribed and sworn to before me this _____ day of _____, _____.

_____

<SEAL> Residing at _____

My Commission Expires: _____

Updated 1/20/2017 lmh

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

TO: State of Idaho Department of Health and Welfare

I authorize you to furnish the CITY OF MOSCOW, IDAHO and its Police Department (hereinafter "CITY") with any and all information you have concerning me, including information of a confidential or privileged nature. Specifically, I authorize you to release any and all information contained in the Idaho State Adult Protection Registry, Idaho State Child Abuse Registry or in files concerning my involvement in a child protection referral. Your reply will be used to assist CITY in determining my fitness to be licensed as a day care provider.

I understand my rights under the Privacy Act of 1974, United States Code, Title 5, Section 552A and any other privacy rights granted me by law and specifically waive those rights, with the understanding that information furnished will be used by CITY to determine my fitness to be licensed as a day care provider.

I hereby release you, your organization, CITY, its employees, agents, and representatives, and all others from any liability or damage which may result from furnishing the information requested.

A photocopy reproduction of this Waiver and Authorization shall be as valid as the original. You may retain this Waiver and Authorization in your files.

Applicant's Name (printed) : _____

Date of Birth: _____ Social Security Number: _____

_____ _____

Applicant's Signature Date

Subscribed and sworn to before me this _____ day of _____, _____.

_____

NOTARY PUBLIC in and for the State of Idaho

Residing at _____

My Commission Expires: _____

[ ] No record found on Statewide **Child Abuse** Register

[ ] Other: _____

State of Idaho
Authorized Signature _____

Date: _____

[ ] No record found on Statewide **Adult Protection** Register

[ ] Other: _____

State of Idaho
Authorized Signature _____

Date: _____