

**DOÑA ANA COUNTY HEAD START**

**EMPLOYEE INFORMATION FORM**

New Mexico State Licensing Requirement 8.16.2.41

Date Employed: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

DACHS Position: \_\_\_\_\_

EMERGENCY CONTACTS – Name, address, & phone of two family, friends or relatives who may be contacted if needed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fingerprinting Criminal Record Check

Date Initiated: \_\_\_\_\_ Date Received: \_\_\_\_\_ CPR Certificate: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Employment History Verification: \_\_\_\_\_ TB Screening: \_\_\_\_\_ Date Issued: \_\_\_\_\_

First Aid Certificate; \_\_\_\_\_ Date Expires: \_\_\_\_\_

Blood Borne Pathogens Training Certificate – Date of Training: \_\_\_\_\_

Policy Council Approval Date: \_\_\_\_\_

Other Information or Comments: \_\_\_\_\_

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