## STATE OF HAWAII SOCIAL SERVICES DIVISION DEPARTMENT OF HUMAN SERVICES CHILD WELFARE SERVICES



Employment History Form			
I,, hereby give permission to			
(Print or type full name)			
, to furnish information about me, my record, an	d		
(Print or type name of former employer or present employer)			
reputation to			
This information is to be used to assist Department of Human Services, Social Services Division, Child Welfare Services Branch and its authorized purchase of service contract providers in determining my qualifications and fitness to operate or be employed in a Foster/Adopt Board Home as a resource caregiver to children in foster care.			
Signature:Date:			
Social Security Number:			
Date of Birth:			
То:			
(Name of Employer)			
(Address of Employer)			

1. What position does/did the applicant hold?			
2.	2. How long has/had the applicant worked for your company?		
	Start date:	End date:	
3.	Have you ever observed or known the Yes	applicant to be violent, abusive or dangerous? No	
	If yes, describe the incident(s).		
4.	Have you known the applicant to use a Yes	ny unlawful drugs or narcotics? No	
	If yes, describe the incident an	d how often it occurred.	
5.	Have you known the applicant to be un alcohol consumption or manifested any Yes	nable to perform assigned duties or taken time off from work due to y other alcohol related problems? No	
	If yes, describe the incident an	d how often it occurred.	
6.	Yes	ever violated any of your organization's major rules or policies? No	
	If yes, describe the incident.		
7. If your agency or organization engages in child care, please provide your evaluation of the applicant's performance and suitability as a caretaker.			
Signature: Date:			
Position:		Phone Number:	