



2135 S Ammon Road, Ammon, ID 83406
 Phone: (208)612-4000 Fax: (208)612-4009
 www.cityofammon.us

CHILDCARE WORKER LICENSE APPLICATION

FOR OFFICE USE ONLY:

Permit #: _____

Clerk: _____ Date: _____

Admin: _____ Date: _____

APPLICANT INFORMATION

Name: _____ Email: _____

Home Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____ Birthdate: _____

Social Security Number: _____ - _____ - _____

EMPLOYER INFORMATION

Name of Business or Employer: _____ Nature of Business: _____

Business Street Address: _____ City: _____

State: _____ Zip Code: _____ Business Phone: _____ Business Fax: _____

PLEASE CIRCLE ONE – IF YES, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET

- | | | |
|--------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever had a Childcare Worker license denied or revoked? | YES | NO |
| 2. Have you been convicted of a misdemeanor for a drug substance or drug paraphernalia in the last five (5) years? | YES | NO |
| 3. Have you ever been convicted of a felony or misdemeanor? | YES | NO |
| 4. Have you ever been placed on the Child Protection Registry? | YES | NO |

BY SIGNING BELOW, THE APPLICANT AGREES: To pay the Childcare Worker license fee of twenty-five dollars (\$25), as well as the investigation fee of fifty dollars (\$50.00).

THE APPLICANT AFFIRMS THAT: The statements and answers included in this license application are honest and true. I also understand that providing false information is punishable by the laws and penalties set forth by the City of Ammon. I understand and agree that a background check, including a fingerprint-based nationwide criminal history background check shall be done prior to the issuance of the license currently being applied for. By signing below, I authorize said background checks to be performed and for the results of that background check to be used in the determination of my eligibility for a license in the City of Ammon. I also understand that a copy of my approved license or letter of denial shall be provided to my employer (if applicable).

Applicant's Signature: _____ Date: _____