



WHERE **TOMORROW** BEGINS
 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 forty dollars (\$40), as well as the investigation fee of fifty dollars (\$50.00), fifteen dollars (\$15) if a minor, and IDHW investigation fee of thirty dollars (\$30).

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 shall be done prior to the issuance of the license currently being applied for and that said background checks may take up to fourteen (14) business days. Licenses will not be processed until all information has been collected.

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: _____