

State of Hawaii
Department of Human Services
Social Services Division

Employment History Information

I, _____ hereby give permission to
(Print or Type Full Name)

_____ to furnish information about me,
(Name of Former/ Current Employer)
my work record and reputation to the Department of Human Services, Social
Services Division, Foster Home Licensing Unit.

This information is to be used to assist the Department in determining my qualifications
and fitness to operate or be employed in a (check one of the following):

Foster Boarding Home ____; Family Child Care Home ____;

Group Child Care Home or Center ____; Child Caring Institution ____;

or Child-Placing Organization ____.

Signature: _____ Date: _____

Social Security No.: _____

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TO: _____
Name of Employer

Address of Employer

Please complete the following questions and return within two weeks of date of receipt of
this form.

Return completed form to:
Adopt International
1000 Brannan Street, Suite 301
San Francisco, CA 94103

1. Has _____ worked at your organization?
Yes_____ No_____
If yes, please indicated dates and positions held.

2. Have you ever observed or known the employee to be violent, abusive, or unsafe?
Yes_____ No_____
If yes, describe the incident(s).

3. Have you ever known the employee to use any unlawful drug or narcotic?
Yes_____ No_____
If yes, describe the incident and how often it occurred.

4. Have you known the employee to be unable to perform assigned duties or taken time off from work due to alcohol consumption or manifested any other alcohol related problems?
Yes_____ No_____
If yes, describe the incident and how often it occurred.

5. To your knowledge has the employee ever violated any of your organization's major rules or policies?
Yes_____ No_____
If yes, describe the incident.

6. If your agency or organization engages in child care, please provide your evaluation of the individual's performance and suitability as a caretaker.

Signature: _____

Date: _____

Position Title: _____

Phone No.: _____