

Name: \_\_\_\_\_  
(Please clearly print applicant's name.)

Full names of your children, if any, whether living with you or not:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your previous addresses since 1990 and the dates you lived at each address:

1) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

2) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

3) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

4) \_\_\_\_\_

Resided from: \_\_\_\_\_ To: \_\_\_\_\_  
(month) (year) (month) (year)

All persons completing this form must read the following and sign below:

I consent to have the Department of Children and Families conduct a Child Abuse Record Information check to determine whether an allegation of child abuse or neglect has been substantiated against me. I certify that I am not currently being investigated for any allegation of child abuse or neglect. I understand that if a record of substantiated child abuse or neglect is found, or if I refuse to sign this consent form, I will not be permitted to sponsor or work at this or any other licensed child care center in New Jersey. I certify that all information I have given on this form is accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE OF LICENSING USE ONLY

OOL staff initials \_\_\_\_\_