

Please include a copy of your Driver's License



City of Rockwall CHILD CARE EMPLOYEE LICENSE

CHILD CARE CENTER: _____

| | | | |
|---------------------------------|-------------------|----------|----------|
| NAME OF APPLICANT: _____ | | | |
| [As appears on Drivers License] | [LAST] | [FIRST] | [MIDDLE] |
| ADDRESS: _____ | | | |
| [NUMBER & STREET] | [CITY] | [STATE] | [ZIP] |
| HOME PHONE: _____ | CELL PHONE: _____ | | |

| | |
|--|--------------------------|
| DATE OF BIRTH: _____ | PLACE OF BIRTH: _____ |
| PLEASE CIRCLE: [MALE] [FEMALE] | RACE: _____ |
| DRIVERS LICENSE NUMBER: _____ | STATE: _____ TYPE: _____ |

| | | |
|----------------------|--------------|----------------------|
| VEHICLE DESCRIPTION: | MAKE: _____ | MODEL: _____ |
| | COLOR: _____ | LICENSE PLATE: _____ |

| | |
|--------------------|--------------|
| EMERGENCY CONTACT: | |
| NAME: _____ | |
| ADDRESS: _____ | |
| HOME PHONE: _____ | OTHER: _____ |

I am applying for a Child Care Workers License in the City of Rockwall. I authorize the Rockwall Police Department to check my driving record and criminal history which will be used in determination of license issuance.

I also understand that the \$10.00 Application Fee is non-refundable and that it is due at the time the application is submitted.

_____ Signature of Applicant

DATE: _____