

# APPLICANT INFORMATION

This form must be completed by all applicants for a facility license, (i.e., all individuals, each partner in a partnership, or chief executive officer or authorized representative in a corporation.) If more space is required, attach additional sheet. Type or print clearly.

## IDENTIFYING INFORMATION

|                                 |   |           |                                     |
|---------------------------------|---|-----------|-------------------------------------|
| NAME                            | SOCIAL SECURITY NUMBER *<br>(VOLUNTARY FOR I.D. ONLY)                               | SEX (M/F) | ARE YOU 18 YEARS OR OLDER?          |
| TITLE                           | DRIVER'S LICENSE NUMBER<br><input type="checkbox"/> Yes <input type="checkbox"/> No | VALID     | PLACE OF BIRTH                      |
| ADDRESS                         |   |           | (AREA CODE) TELEPHONE NUMBER<br>( ) |
| OTHER NAME(S) USED BY APPLICANT |   |           |                                     |

## EDUCATION

Circle highest completed grade:    1    2    3    4    5    6    7    8    9    10    11    12

|                                  |                |                 |
|----------------------------------|----------------|-----------------|
| NAME AND LOCATION OF HIGH SCHOOL | DATE COMPLETED | GED DATE        |
| NAME AND LOCATION OF COLLEGE     | COURSE STUDY   | YEARS COMPLETED |
|                                  |                | 1   2   3   4   |
|                                  |                | 1   2   3   4   |
|                                  | DEGREE         | DATE COMPLETED  |

## REFERENCES

**PERSONAL:** (PLEASE GIVE REFERENCES, INCLUDING PRESENT AND PAST EMPLOYERS, WITH KNOWLEDGE OF YOUR ADMINISTRATIVE ABILITY.)

|      |         |              |           |
|------|---------|--------------|-----------|
| NAME | ADDRESS | RELATIONSHIP | TELEPHONE |
| 1.   |         |              |           |
| 2.   |         |              |           |

**FINANCIAL:** (PLEASE GIVE REFERENCES WITH KNOWLEDGE OF FINANCIAL RESOURCES AND BUSINESS PRACTICES.)

|      |         |              |           |
|------|---------|--------------|-----------|
| NAME | ADDRESS | RELATIONSHIP | TELEPHONE |
| 1.   |         |              |           |
| 2.   |         |              |           |

## PRIOR LICENSURE STATUS

A. HAVE YOU EVER BEEN A LICENSEE OR CO-LICENSEE OF A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY?     YES     NO    IF YES, COMPLETE C AND D BELOW.

B. HAVE YOU EVER HELD A BENEFICIAL OWNERSHIP OF 10% OR MORE IN A RESIDENTIAL CARE FACILITY FOR THE ELDERLY, COMMUNITY CARE, CHILD CARE OR HEALTH FACILITY OR BEEN AN ADMINISTRATOR, GENERAL PARTNER, CORPORATE OFFICER, OR DIRECTOR OF ANY SUCH FACILITY?     YES     NO    IF YES, COMPLETE C AND D BELOW:

|                                 |  |               |
|---------------------------------|--|---------------|
| C. NAME AND ADDRESS OF FACILITY | EFFECTIVE DATES OF LICENSURE<br>_____ TO _____ | FACILITY TYPE |
|---------------------------------|--|---------------|

D. WERE ANY DISCIPLINARY ACTIONS TAKEN?  
 YES     NO    IF YES, PLEASE EXPLAIN:

## BUSINESS EXPERIENCE

A. HAVE YOU OWNED OR OPERATED ANY BUSINESS?     YES     NO    IF YES, COMPLETE THE FOLLOWING:

| Type | Number of Employees | Your Title | Date Started | Date Ended | Reason for End |
|------|---------------------|------------|--------------|------------|----------------|
|      |                     |            |              |            |                |

B. DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE?     YES     NO    IF YES, COMPLETE THE FOLLOWING:

| Type | Period Held | Issuing Agency |
|------|-------------|----------------|
|      |             |                |

C. ARE YOU A MEMBER OF ANY PROFESSIONAL/TECHNICAL ASSOCIATION?     YES     NO    IF YES, COMPLETE THE FOLLOWING:

| Association Name | Address |
|------------------|---------|
|                  |         |

**WORK EXPERIENCE.** BEGIN WITH YOUR MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF UNEMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS, IF NECESSARY.

| Dates | Name and Address of Employer | Basic Duties | Termination Reason |
|-------|------------------------------|--------------|--------------------|
| FROM  |                              |              |                    |
| TO    |                              |              |                    |
| FROM  |                              |              |                    |
| TO    |                              |              |                    |
| FROM  |                              |              |                    |
| TO    |                              |              |                    |
| FROM  |                              |              |                    |
| TO    |                              |              |                    |
| FROM  |                              |              |                    |
| TO    |                              |              |                    |
| FROM  |                              |              |                    |
| TO    |                              |              |                    |

**PERSONAL INFORMATION**

A. Do you have any physical, mental, or medical condition that could impair your ability to care for the type of resident/client for whom you have requested licensure?  
 YES     NO    *If yes, please explain:*

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**I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.**

|           |                     |      |
|-----------|---------------------|------|
| SIGNATURE | COUNTY WHERE SIGNED | DATE |
|-----------|---------------------|------|

\* Federal law (at Title 5 United States Code Section 552a Note) states that:  
Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.