

RESIDENCY QUESTIONNAIRE

Please complete the questions below so we can determine the steps you will need to take to obtain your background information. If you have any questions please see the office.

EMPLOYEE NAME: _____

1. **Have you resided in any state outside of Delaware in the last 5 years?**

YES (IF YES, PLEASE COMPLETE QUESTION 2 BELOW)

NO (IF NO, PLEASE SIGN AND RETURN THIS FORM TO THE OFFICE)

2. **PLEASE LIST ALL STATES YOU HAVE RESIDED IN DURING THE LAST 3 YEARS AS WELL AS TIMEFRAMES IN WHICH YOU RESIDED THERE:**

STATE

MOVED TO

MOVED FROM

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL THE ABOVE INFORMATION IS CORRECT. I UNDERSTAND THAT THE REQUESTED INFORMATION IS NECESSARY FOR THE CENTER TO REMAIN IN COMPLIANCE WITH THE DELAWARE OFFICE OF CHILD CARE LICENSING AND THAT WITH HOLD OR FALSIFYING INFORMATION CAN AFFECT THE CENTER.

EMPLOYEE SIGNATURE: _____