



Youth Afterschool Employment Eligibility Application

Name: _____

Address: _____

Date of Birth: _____

___ Yes ___ No Are you seeking employment in school-age child care programs or temporary nonresidential child care programs?

___ Yes ___ No I have **completed and am submitting** the required results of 1) the child abuse and neglect registry check and 2) sex offender registry check.

**These checks are required before a youth afterschool eligibility letter will be issued. See <https://ecmp.nebraska.gov/DHHS-CR/> and <https://sor.nebraska.gov/>. **

___ Yes ___ No I have completed a seven-hour new staff orientation for school-age programs and have submitted proof of completion.

Signature: _____ Date: _____

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Youth Afterschool Employment Eligibility Required Orientation Training

Check the box when course has been completed:

1. ____ The ABCs of Safe Sleep: Understanding and Reducing the Risk of Sudden Unexpected Infant Death (SUID)
1-hour training module
<https://necprs.ne.gov/training-public>
2. ____ Never Shake a Child: Understanding and Preventing Abusive Head Trauma (AHT) in Children
1-hour training module
<https://necprs.ne.gov/training-public>
3. ____ Power to Protect: Preventing and Responding to Child Abuse and Neglect
2-hour training module
<https://necprs.ne.gov/training-public>
4. ____ Prepare to Care: Health and Safety Training
3-hour training module
<https://dhhs.ne.gov/Pages/Child-Care-Training-and-Development.aspx>

** Send the completed application and all documents to
DHHS.ChildCareLicensing@nebraska.gov.**