APPLICATION FOR EMPLOYMENT

PROGRAM NAME

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST)

EMAIL ADDRESS

HOME ADDRESS

PHONE NUMBER

BIRTH DATE

SOCIAL SECURITY NUMBER

(Circle One)

If you are under age 18, can you submit a work permit if hired? YES NO

If you are not a US citizen, do you have a VISA to work in the US? YES NO

If yes, what kind of Visa classification do you have?

Visa Registration Number: Expiration Date

Has bond or security clearance ever been denied and/or canceled? YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERTIFICATE, DEGREE
ELEMENTARY			
SECONDARY			
COLLEGE			
OTHER			

Experience with groups of children

(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses? YES NO

If yes list:

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING WITH YOUR MOST CURRENT OR LAST EMPLOYER. If you have been unemployed during any time within the past ten years, list how you spent your time, e.g. student, housewife, unemployed, etc. If you need addition space please use separate employment record form.

MONTH/DAY/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM TO		
FROM TO		
FROM TO		
FROM TO		
FROM TO		

Have you attended/completed any child care training courses? YES NO
Do you have a criminal record? YES NO
If yes, explain: _____

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?
YES NO

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the job description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? YES NO
If no, please explain. _____

Do you have a valid driver's license? YES NO
If yes, give license number and class of license: _____

Have you had CPR training within the past two years? YES NO
If yes, give training date: _____

Have you had first aid training within the past three years? YES NO
If yes, give training date: _____

Bright from the Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

10 YEAR EMPLOYMENT HISTORY

Social Security Number

Name **Address**

Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write "no work". Leave no gaps.

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			