



EMPLOYMENT APPLICATION

Date _____

Position Desired _____ **Desired Pay** _____ **Date Available** _____

Name (First) _____ (Middle) _____ (Last) _____ Date of Birth _____ Social Security Number _____

Street Address _____ City _____ State _____ Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ E - Mail Address _____

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

If you are not a U.S. citizen, do you have a VISA to work in the U.S.? ()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)

1) _____

2) _____

3) _____

4) _____

Attach documentation of experience working with children.

Have you attended/completed any child care training courses? ()YES

()NO

If yes list:

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 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 expiration date: _____

Have you had first aid training within the past three years? ()YES ()NO

If yes, give expiration 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 _____

