

**EMPLOYMENT APPLICATION**



**PERSONAL**

\_\_\_\_\_  
Name (first) (middle) (last)

\_\_\_\_\_  
Spouse's name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Birthdate Social Security Number

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**EDUCATION**

Place Dates Diploma, Certificate, Degree

\_\_\_\_\_  
Elementary

\_\_\_\_\_  
Secondary

\_\_\_\_\_  
College

\_\_\_\_\_  
Other

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**EXPERIENCE WITH CHILDREN**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended or completed any child care training courses? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list and include dates:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a criminal record? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all employment history for the past 10 years, beginning with your most current employer. If you have been unemployed anytime within the past 10 years, list how you spent your time. (ex. student, housewife, unemployed, etc.)

NAME AND ADDRESS OF EMPLOYER	POSITION	DATE FROM-TO

Have you ever been shown by credible evidence (a court order, department investigation, or other 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 Americans With Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accomodation 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 accomodation is required. If you are disabled and require accomodation, you may request it at any time during the interview process. You are obligated to inform the director of your needs if it will impact your ability to perform the job for which you are applying.

Being aware of the job description for which you are applying, are you in all respects,able to adequately perform the duties as described?

If no, please explain \_\_\_\_\_

If you are not a US citizen, do you have a VISA to work in the US? Yes \_\_\_\_\_ No \_\_\_\_\_

What kind of VISA classification do you have? \_\_\_\_\_

VISA registration number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has a bond or security clearance ever been denied and/or cancelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give state which issued and license number \_\_\_\_\_

Have you had CPR training within the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give expiration date \_\_\_\_\_

Have you had First Aid training within the past 3 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 \_\_\_\_\_