



Please circle the location at which you are applying:
Carrollton Bay Springs Mirror Lake Stonebridge Luella

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST) SPOUSE'S NAME

HOME ADDRESS

BIRTH DATE SOCIAL SECURITY # HOME PHONE # CELL PHONE #

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____ PHONE # _____

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 so you have? _____

VISA Registration # _____ Expiration Date _____

Has bond or security clearance ever been denied &/or canceled? Yes No

If yes, please explain: _____

EDUCATION:

PLACE DATES DIPLOMA, CERTIFICATE, DEGREE

ELEMENTARY _____

SECONDARY _____

COLLEGE _____

OTHER _____

Please tell us about your experience with groups of children. Indicate ages of children, your duties, dates you worked in this position, reasons for leaving, etc.

Have you ever attended/completed any child care training courses? Yes No

If yes, please 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 additional space, please use a separate employment record form.

| DATES | NAME AND ADDRESS OF EMPLOYER | POSITION | REASON FOR LEAVING |
|------------------------|------------------------------|----------|--------------------|
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |

Please indicate your availability: M T W TH F Times: _____ am/pm - _____ am/pm

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 2 years? Yes No
If yes, give expiration date: _____

Bright From the Start: Georgia Department of Early Care Learning requires annual childcare training. Are you willing to participate? Yes No

Do you have a criminal record? Yes No
If yes, please 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.

Do you have a valid driver's license? Yes No
If yes, give the license number and class of license _____

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

Signature _____ Date _____