



EMPLOYMENT APPLICATION

- Our childcare facility is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.
- Each applicant will be given every consideration, but receipt of this application does not imply the applicant will be employed.
- Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. All information should be **printed** using a **PEN** to complete the information as requested.

PERSONAL INFORMATION

Name				Social Security Number	- -	
	First Name	Middle Name	Last Name			
Address	City			State	Zip	
E-Mail Address	D.O.B					
Home Phone	()	Work Phone	()	May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position Applying For	Date Available		Hours Available		Desired Salary	

If you are under 18 years of age, provide your date of birth. <i>(By law, no one under 16 may be hired.)</i>				/	/
Are you a U.S. citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, do you have a legal right and required documents to work in the U.S.? <i>(Identity and employment eligibility of all new hires will be verified as required by the Immigration & Control Act of 1986.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Have you ever applied here before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, provide date and position title.</i>		
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Have you ever been convicted of a crime other than a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, explain the offense and final sentence.</i>	
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Have you ever been found by credible evidence (e.g., court, jury, departmental investigation or other reliable evidence) to have abused, neglected, deprived a child or adult or have subjected any person to serious injury as a result of intentional/grossly-negligent misconduct as evidenced initially by an oral/written statement to this effect obtained by the administrator at the time of the caregiver's employment?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, provide the following details:</i>	Place		Date		
Offense			Sentence		

Disclosure of a criminal record will not necessarily disqualify you for employment. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the job for which you are applying.

WORK-RELATED SKILLS

List any skills/abilities you have acquired that directly relate to the job for which you are applying:

List clubs, organizations, societies, or professional groups you are/were a member of which have a direct bearing upon your qualifications for the job for which you are applying:

List awards, certificates of training, etc., which directly relate to the job for which you are applying:

TEN YEAR EMPLOYMENT HISTORY

All applicants are required to complete this information in order to comply with the Georgia child care licensing codes.

- Provide your employment history for the past ten years in chronological order starting with your most recent or current employer.
- If you have been unemployed during any time within the past ten years, provide the dates in the appropriate FROM/TO FIELDS and include how you spent your time in the corresponding NAME FIELD (e.g., student, stay-at-home parent, unemployed, etc.).

May we contact your previous employers?

Yes

No

FROM	Month		Year		TO	Month		Year	
COMPANY NAME					CONTACT NAME				
ADDRESS					PHONE NUMBER				
POSITION					SALARY				
REASON FOR LEAVING									

FROM	Month		Year		TO	Month		Year	
COMPANY NAME					CONTACT NAME				
ADDRESS					PHONE NUMBER				
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COMPANY NAME					CONTACT NAME				
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POSITION					SALARY				
REASON FOR LEAVING									

FROM	Month		Year		TO	Month		Year	
COMPANY NAME					CONTACT NAME				
ADDRESS					PHONE NUMBER				
POSITION					SALARY				
REASON FOR LEAVING									

PROFESSIONAL REFERENCES

Name	Occupation	Address	Phone Number

PERSONAL REFERENCES (EXCLUDING former employers or relatives)

Name	Occupation	Address	Phone Number

EDUCATIONAL BACKGROUND

SCHOOL NAME	CITY	ST	ZIP	Did you graduate?		Type of degree*/ Year attained	Grade/ Rank
High School				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	
Technical/ Vocational Program				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	
College				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year:	

**If offered a position with our child care facility, you will have to provide a copy of your educational transcripts/degree(s) as a condition of employment.*

Under the Americans with Disabilities Act of 1991, this child care facility 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 they 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, please explain:</i>		

If this job is offered to you, it will be contingent upon your ability to pass a job-related medical exam. Are you willing to take a physical exam, include a TB test and any other tests or vaccines required by State and Federal law at your expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, please explain:</i>		

EMERGENCY CONTACT (This person will be contacted should you have an accident or personal emergency.)

Name	Address	Phone Number

DRIVER'S LICENSE HISTORY - OPTIONAL*

State	License Number	Type of License	Restrictions	Expiration Date

*Complete this section only if applying for a position requiring you to drive our childcare van/bus to transport children to/from school or on field trips. NOTE: All employees who drive vehicles for this facility for the purposes of transporting children must be at least 21 years old and have their driving record reviewed by the facility's insurance agency prior to employment.

SUPPLEMENTAL INFORMATION

Have you had CPR Training within the past two years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date	
Have you had First Aid Training within the past three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expiration Date	
Are you willing to participate in annual child care training as required by the Department of Human Resources?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

What is your greatest strength as a teacher?

What is your greatest challenge as a teacher?

What makes you unique as a teacher?

Why do you want to work at The Academy of Early Learning?

What is your personal discipline policy?

APPLICANT’S CERTIFICATION

I certify that my answers to all foregoing questions are true and correct without any consequential omissions of any kind whatsoever.

I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize this child care facility to contact any company or individual deemed appropriate to investigate my previous employment history, educational background, credit record, criminal history and character in order to fully evaluate my qualifications in relation to all other job applicants applying for the position that I am currently seeking. I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these companies and/or individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of this child care facility. I also understand that my employment is “at-will” and may be terminated by myself or this facility at any time, for any reason, with or without prior notice.

Signature of Applicant

Date