

APPLICATION FOR EMPLOYMENT

PROGRAM NAME

ALL OUR CHILDREN
3174 MILLER ROAD
STONECREST GA 30038

DATE
POSITION DESIRED
DATE AVAILABLE
INTERVIEWED BY

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

HOME ADDRESS PHONE NUMBER

BIRTH DATE SOCIAL SECURITY NUMBER

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:

Blank lines for additional information.

EDUCATION (Attach documentation of qualifying education)
PLACE DATES DIPLOMA, CERTIFICATE, DEGREE

ELEMENTARY
SECONDARY
COLLEGE
OTHER
Experience with

Table with 4 empty rows for education details.

groups of children

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

Blank lines for education details.

Attach documentation of experience working with children.

Have you attended/completed any child care training courses? YES NO (Circle One)

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 _____

EMPLOYEE'S DOCUMENTATION RECORD

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualifying Work Experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation Training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Records Check Application (date submitted_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fingerprints (date submitted_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPR Training, if any
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Training, if any
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid Driver's License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Documentation (list)_____

Date Employed

Signature of Administrator/Person-in-Charge

Date

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each Staff person's file)

Staff Name _____

Hire Date _____ Start Date _____

Staff received orientation in the following:

Program's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities
- 2. Physical environment and equipment
- 3. Emergency situations
- 4. Food service and nutrition

Assigned Duties and Responsibilities

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation
- 2. Communicable Disease
- 3. Serious Injuries
- 4. Missing children

Emergency Weather Plans

Program's Emergency Preparedness Plan

Childhood Injury Control

Administration of Medication

Reducing the Risk of Sudden Infant Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list)

Signature of Person Providing Orientation

Signature of Person Receiving Orientation

Date

Date