

Have you attended/completed any child care training courses?

If yes list:

**Employment Applications** 

Georgia Department of Early Care and Learning			DATE		
			POSITION DESIRED  DATE AVAILABLE		
NAME (FIRST)	(MIDDLE)	(LAST)	SPOUSE'S NAM	ME.	
HOME ADDRESS			PHONE NUMBER	R	
BIRTH DATE	_	SOCIAL SEC	URITY NUMBER	(Circle One)	
	citizen, do you ha Visa classification			NO NO	
Has bond or security clearance ever been denied and/or of the security clearance ever been denied and secu		canceled? YES	NO		
	EDUCATION (A	ttach documentation		LOMA, CERTIFICATE,	
				DEGREE	
ELEMENTARY					
SECONDARY					
COLLEGE					
OTHER			-6 -1-11-1		
(Indicate ages of		perience with groups es, dates of time you		on, reasons for leaving)	
	Attach docume	ntation of experience	working with childre		
				(Circle One)	

YES

NO

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. NAME AND ADDRESS OF EMPLOYER MONTH/YEAR POSITION

FROM				
TO				
FROM				Т
TO				
TO FROM				
TO				
FROM				
TO				
FROM				
TO				
Have you attended/co Do you have a crimin If yes, explain:	ompleted any child care training courses? al record?	YES YES	NO NO	
	n shown by credible evidence, e.g., a co	urt order or in	rv a denartment	0

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 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?

If no, please explain.	,,,,	110
Do you have a valid driver's license?  If yes, give license number and class of license:	YES	NO
Have you had CPR training within the past two years? If yes, give expiration date:	YES	NO
Have you had first aid training within the past three years? If yes, give expiration date:	YES	NO
Bright From the Start: Georgia Department of Early Care Learn requires annual child care training, are you willing to participate		NO
I certify that all information on this application is correct. I have concerning my qualification requirements.	e not given any false	statement
SIGNATURE DATE		
Employment Applications		

Record of Employment: Past 10 Years

Month/Year

From: To: \_\_\_

Reason for Leaving

Social Security Number

Address

Position

To:		
From: To:		
From: To:		
From: To:		
From:		

EMPLOYMENT RECORD

Name and Address of

Employer

F To: From: To: \_\_

From: To: \_\_\_ From: To: \_\_\_ From: To:

From: To: From: To: \_\_\_