APPLICATION FOR EMPLOYMENT

The S	Success Learning Academy					
	DATE	DATE				
	POSITI	POSITION DESIRED				
SUCCESS LEARNING ACADEMY		DATE A	DATE AVAILABLE			
		INTER	VIEWED E	3Y		
NAME (FIRST)	(MIDDLE) (LAST)	SPOUS	SE'S NAM	E		
HOME ADDRESS		PHON	E NUMBE	R		
BIRTH DATE	SOCIAL SECURITY NUMBER					
			\/=0	(Circle One)		
If you are under age 18, can you submit a work permit if hired?			YES YES	NO 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:						
	EDITOR TON (Ass. 1					
	EDUCATION (Attach docume PLACE	entation of qualifyin DATES		on) .OMA, CERTIFICATE, DEGREE		
ELEMENTARY						
SECONDARY						
COLLEGE						
OTHER						
OTTLK	Experience with	groups of children				
(Indicate ages of children, your duties, dates of time you worked in this position, reasons for leaving)						
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_						
Attach documentation of experience working with children.						
(Circle One)						
Have you attended/completed any child care training courses? YES NO If yes list:						

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/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 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

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

10 YEAR EMPLOYMENT HISTORY

		Social Security Number Address					
Name							
Record of Employment: Past 10 Years (If unemployed between 2 jobs/dates, write "no work". Leave no gaps.							
Month/Year	Name and Address of Employer	Position	Reason for Leaving				
From: To:							
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