

# Jacobs Ladder Ed Childcare Center & Sunshine Children's Academy

## EMPLOYMENT APPLICATION

Applicants will be considered for employment at all three of our locations.

DATE	_____
POSITION DESIRED	_____
DATE AVAILABLE	_____
INTERVIEWED BY	_____

## PRINT CLEARLY AND LEGIBLY

NAME \_\_\_\_\_  
 (first) (middle) (last) (maiden name)

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip)

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ AGE \_\_\_\_\_

PERSONAL EMAIL ADDRESS \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ Place of Birth (State or Country if outside USA) \_\_\_\_\_

Have you lived in any other state than Georgia in the past 5 years? \_\_\_\_\_ If yes, what state(s)? \_\_\_\_\_

If you are not a US Citizen, do you have a Visa to work in the US? \_\_\_\_\_

If YES, what kind of Visa Classification? \_\_\_\_\_

Visa Registration No: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has bond or security clearance ever been denied and/or cancelled? \_\_\_\_\_

If YES, please explain \_\_\_\_\_

### EDUCATION

	Name of School	Graduation Date or expected date	Diploma, Certificate or Degree
High School			
College			
Other			

### EMPLOYMENT HISTORY

Ten Year employment history. Begin with your most current of last employer. If you have been unemployed during anytime within the past 10 years, list how you spent your time. (ex. Student, housewife, unemployed, etc)

May we contact your previous employers? \_\_\_\_\_

Month / Year	Name, Address & Telephone # of Employer	Position	Reason for Leaving
FROM _____ TO _____	_____		
FROM _____ TO _____	_____		
FROM _____ TO _____	_____		
FROM _____ TO _____	_____		

**PERSONAL REFERANCES**

Please list 3 Personnel references other than a relative:

Name	Address & Telephone #	Relationship to you?

Experience with groups of children (indicate ages, your duties and dates of time you worked in this position)

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Have you attended/ completed any child care training courses? \_\_\_\_\_

If YES, please list \_\_\_\_\_  
 \_\_\_\_\_

Are you able to submit a clean criminal record from the state of Georgia? YES OR NO

Are you able to receive a COMPREHENSIVE satisfactory fingerprint review prior to employment? YES OR NO

Have you ever been shown by credible evidence, e.g., a court order or jury, a department 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? \_\_\_\_\_

If YES, please explain \_\_\_\_\_  
 \_\_\_\_\_

Under the Americans with Disabilities Act of 1991, this program is required to reasonable accommodate individual with a disability. This 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 \_\_\_\_\_

Desired pay / salary? \_\_\_\_\_

Do you have a valid Drivers License? \_\_\_\_\_ What state is the license issued from? \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

*A copy of your drivers license and social security card is required.*

Have you had CPR/First Aid Training within the past two years? \_\_\_\_\_

If YES, give expiration date: \_\_\_\_\_

Please provide a copy of your current card.

Bright from the Start requires annual child care training, are you willing to participate? \_\_\_\_\_

Are you willing to participate in any child care training that can improve the quality of your work? \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

