

# Employment Application



**Learning Hive**  
 415 Scenic Hwy  
 Lawrenceville GA 30046  
 (770) 822-4001

Date \_\_\_\_\_

Position Desired \_\_\_\_\_

Date Available \_\_\_\_\_

Interviewed By \_\_\_\_\_

Name (first) (middle) (last) E-mail Address

Home Address Phone #

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? \_\_\_\_\_

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

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

If yes, please explain: \_\_\_\_\_

Education (attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERT. OR DREGREE
ELEMENTARY			
SECONDARY			
COLLEGE			
OTHER			

### Experience with groups of children

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach documentation of experience working with children.

HAVE YOU ATTENDED/COMPLETED ANY CHILD TRAINING COURSES? YES \_\_\_ NO \_\_\_

IF YES, LIST: \_\_\_\_\_

\_\_\_\_\_

Ten year employment history. Begin with 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.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		
FROM _____ TO _____		

(Continue on form attached)

May we contact your previous employers? Yes\_\_ No\_\_\_\_\_

Do you have a criminal record? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been shown by credible evidences, 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. Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Under the Americans with disabilities Act of 1991, this program is required to reasonable accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, and 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 accommodations, 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 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 license? Yes \_\_\_\_\_ No \_\_\_

If yes, give the license number and class of license: \_\_\_\_\_

Have you had CPR training within the past two years? Yes \_\_\_\_\_ No \_\_\_

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

Have you had first aid training within the past three years? Yes \_\_\_ No \_\_\_

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

Bright from the Start: Georgia Department of Early Care Learning requires annual childcare 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**