Endless Bounds

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

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

HOME ADDRESS City / State / Zip Code

BIRTH DATE SOCIAL SECURITY # PHONE # EMAIL ADDRESS @

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP: _____ PHONE # _____

If you are under age 18, can you submit a work permit if hired? ____ Yes ____ No
If you are not a U.S. 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 # _____ Expiration Date _____
Has bond or security clearance ever been denied &/or canceled? ____ Yes ____ No
If yes, please explain: _____

EDUCATION:
PLACE DATES DIPLOMA, CERTIFICATE, DEGREE

HIGH SCHOOL _____ Year of Graduation_____ Did you complete HS? ___Yes ___No

COLLEGE _____ Year of Graduation_____ Did you complete HS? ___Yes ___No

OTHER _____ Year of Graduation_____ Did you complete HS? ___Yes ___No

Please tell us about your experience with groups of children. Indicate ages of children, your duties, dates you worked in this position, reasons for leaving, etc.

Have you ever attended/completed any childcare training courses? ____ Yes ____ No
If yes, please 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 additional space, please use a separate employment record form.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			

Please indicate your availability: M T W TH F Times: _____ am/pm - _____ am/pm

Have you had CPR Training within the past 2 years? ____ Yes ____ No
If yes, give expiration date: _____

Have you had First Aid Training within the past 2 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

Do you have a criminal record? ____ Yes ____ No
If yes, please 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.

Do you have a valid driver's license? ____ Yes ____ No
If yes, give the license number and class of license _____

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements. I have also read the description of the position for which you are applying, and you are, in all respects, able to adequately perform the duties as described.

Signature _____ Date _____

Send application and resume to: jessica@endlessboundsearlylearning.com