



TODAY'S DATE	_____
POSITION DESIRED	_____
DATE AVAILABLE	_____
INTERVIEWED BY	_____

Employment Application

FULL NAME _____ BIRTHDATE _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ ALT. PHONE _____

EMAIL ADDRESS: _____ @ _____

SOCIAL SECURITY NUMBER _____

IF YOU ARE NOT A U.S. CITIZEN, DO YOU HAVE A VALID VISA TO WORK IN THE U.S.? _____

IF YES, WHAT VISA CLASSIFICATION? _____

VISA REGISTRATION # _____ EXPIRATION DATE _____

EDUCATION

PLEASE ATTACH COPIES OF ALL QUALIFYING EDUCATIONAL DIPLOMAS

HIGH SCHOOL _____ CITY _____ STATE _____

COLLEGE _____ CITY _____ STATE _____

TRAINING / CERTIFICATIONS

PLEASE ATTACH COPIES OF ALL THAT ARE APPLICABLE

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ LICENSE # _____ EXP. DATE _____

HAVE YOU COMPLETED CPR/FIRST AID TRAINING IN THE LAST 3 YEARS? _____ YES _____ NO

IF YES, EXPIRATION DATE _____

IF NO, CERTIFICATION WILL HAVE TO BE OBTAINED WITHIN 45 DAYS OF HIRE

HAVE YOU COMPLETED FIRE SAFETY TRAINING IN THE LAST 2 YEARS? _____ YES _____ NO

DO YOU HAVE ONE OF THE FOLLOWING CERTIFICATIONS IN EARLY CHILDHOOD EDUCATION?

____ TCC ____ DIPLOMA ____ ASSOCIATES DEGREE ____ BACHELORS DEGREE

DID YOU COMPLETE INITIAL NEW EMPLOYEE TRAINING FOR CHILDCARE WORKER'S DURING YOUR LAST JOB? _____ YES _____ NO

IF NO, CERTIFICATION WILL HAVE TO BE OBTAINED WITHIN 45 DAYS OF HIRE

AS A CONDITION OF YOUR EMPLOYMENT, YOU WILL BE REQUIRED TO PARTICIPATE IN A MINIMUM OF 10 HOURS OF CONTINUING EDUCATION TRAINING PER YEAR. THESE CLASSES ARE HELD AT NIGHT, ONLINE AND/OR ON SATURDAYS AND ARE TO BE PAID FOR BY THE EMPLOYEE. ARE YOU WILLING TO PARTICIPATE? _____ YES _____ NO

SECURITY

IF YOU HAVE A CRIMINAL RECORD OF ANY KIND, YOU WILL NOT BE ALLOWED TO WORK IN THIS CHILDCARE FACILITY

HAVE YOU EVER BEEN SHOWN BY CREDIBLE EVIDENCE, e.g. 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, PLEASE EXPLAIN _____

WORK AVAILABILITY

ARE YOU CURRENTLY ENROLLED IN SCHOOL? _____ DO YOU WORK ANOTHER JOB? _____

PLEASE NOTE THAT IF HIRED WITH OUR CENTER, THIS JOB WILL TAKE PRECEDENCE OVER ANY OTHER JOB(S) THAT YOU MAY HAVE.

IF YOU ANSWERED YES, PLEASE PROVIDE THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY.

MONDAY	_____
TUESDAY	_____
WEDNESDAY	_____
THURSDAY	_____
FRIDAY	_____

NOTE: ALL STAFF MEETINGS ARE USUALLY HELD ON WEEKNIGHTS OR SATURDAY, AND ARE MANDATORY. FAILURE TO ATTEND MAY RESULT IN TERMINATION OF EMPLOYMENT.

DO YOU HAVE ANY OTHER OBLIGATIONS THAT MAY PREVENT YOU FROM BEING AVAILABLE TO ATTEND WEEKNIGHT/WEEKEND STAFF MEETINGS OR TRAININGS? _____

IF YES, PLEASE LIST OBLIGATIONS, DATES AND TIMES THAT YOU CAN NOT ATTEND _____

PREVIOUS EMPLOYMENT HISTORY

PER STATE REGULATIONS, YOU MUST PROVIDE HISTORY FOR THE PRIOR 10 YEARS.

PLEASE EXPLAIN ANY GAPS IN HISTORY. REFERENCES WILL BE CHECKED.

COMPANY _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____

JOB TITLE: _____ SUPERVISOR'S NAME _____

JOB RESPONSIBILITIES _____

EMPLOYMENT DATES:

FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____

JOB TITLE: _____ SUPERVISOR'S NAME _____

JOB RESPONSIBILITIES _____

EMPLOYMENT DATES:

FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____

JOB TITLE: _____ SUPERVISOR'S NAME _____

JOB RESPONSIBILITIES _____

EMPLOYMENT DATES:

FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____

JOB TITLE: _____ SUPERVISOR'S NAME _____

JOB RESPONSIBILITIES _____

EMPLOYMENT DATES:

FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____
JOB TITLE: _____ SUPERVISOR'S NAME _____
JOB RESPONSIBILITIES _____
EMPLOYMENT DATES:
FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____
MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____
JOB TITLE: _____ SUPERVISOR'S NAME _____
JOB RESPONSIBILITIES _____
EMPLOYMENT DATES:
FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____
MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

COMPANY _____ PHONE () _____
ADDRESS _____ CITY _____ STATE _____
JOB TITLE: _____ SUPERVISOR'S NAME _____
JOB RESPONSIBILITIES _____
EMPLOYMENT DATES:
FROM _____ TO _____ STARTING SALARY \$ _____ ENDING SALARY \$ _____
MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO _____ BUSINESS CLOSED

(CONTINUE ON BACK OF APPLICATION IF NEEDED)

DISABILITY INFORMATION

UNDER THE AMERICANS WITH DISABILITY ACT OF 1991, THIS PROGRAM IS REQUIRED TO REASONABLY ACCOMMODATE INDIVIDUALS WITH A DISABILITY. THE RESPONSIBLE ACCOMODATION REQUIREMENT APPLIES TO THE APPLICATIONS PROCESS, ANY PRE-EMPLOYMENT TESTING, INTERVIEWS AND ACTUAL EMPLOYMENT, BUT ONLY IF THE PROGRAM SUPERVISOR IS MADE AWARE THAT THE ACCOMIDATION IS REQUIRED. IF YOU ARE DISABLED AND REQUIRE ACCOMIDATION, YOU MAY REQUEST IT AT ANY TIME DURING THE INTERVIEW PROCESS. YOU ARE OBLIGATED TO INFORM THE PROGRAM SUPERVISOR OF YOUR NEED IF IT WILL IMPACT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING.

**EMPLOYMENT APPLICATION DISCLAIMER AND
ACKNOWLEDGEMENT**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT TO FALSIFY INFORMATION IS GROUNDS FOR REFUSING TO HIRE ME, OR FOR DISCHARGE SHOULD I BE HIRED. I AUTHORIZE ANY PERSON, ORGANIZATION OR COMPANY LISTED ON THIS APPLICATION TO FURNISH ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION AND QUALIFICATIONS FOR EMPLOYMENT. I ALSO AUTHORIZE YOU TO REQUEST AND RECEIVE SUCH INFORMATION. IN CONSIDERATION FOR MY EMPLOYMENT, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COMPANY, WHICH RULES MAY BE CHANGED, WITHDRAWN, ADDED OR INTERPRETED AT ANY TIME, AT THE COMPANY'S SOLE OPTION AND WITHOUT PRIOR NOTICE TO ME. I ALSO ACKNOWLEDGE THAT MY EMPLOYMENT MAY BE TERMINATED, OR ANY OFFER OR ACCEPTANCE OF EMPLOYMENT WITHDRAWN, AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT PRIOR NOTICE AT THE OPTION OF THE COMPANY ITSELF.

APPLICANT'S PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

**NOTE: COMPLETION OF THIS APPLICATION DOES NOT
GUARANTEE AN OFFER OF EMPLOYMENT**

For office use only

Position Hired For: _____ Date of Hire: _____

Date of CRC: _____ Verified by: _____ Title: _____



Perry Police Department Criminal History Consent Form

I hereby authorize, Sabrina M. Pitzer, representing, Special Blessings Learning Center, Inc., to receive any and all criminal history records pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Print applicant's full name

Home address

City

State

Race

Sex

Age

Date of Birth

Social Security Number

Applicant's Signature

Date

Bright from the Start Georgia Instruction for Obtaining Criminal Records Check

The following people must obtain a local Georgia Crime Information Center (GCIC) background check:

- All employees, including regular volunteers, in a family day care home, group day care home, or child care learning center
- Facility owner if she/he is in the facility and is not serving as the director of the facility
- Anyone 18 years and older living in a family day care home
- Independent contractors such as (but not limited to) specialized instructors, e.g., karate, ballet, gymnastics, academic tutors, music, etc. with whom the parent has contracted to instruct the child on the premises of the child care program when the contractor works directly with the child(ren) **and** is left alone with the child(ren) in care without being directly supervised by regular program staff

Anyone required to obtain a background check through the local law enforcement process should:

1. Visit their local law enforcement office and request a criminal records check.
2. *Obtain written verification on law enforcement letterhead indicating where the background check was run; that a GCIC check was run under purpose code "W," and that no criminal record was found. If a criminal record was found, a copy of the Record of Arrest and Prosecution (RAP sheet) should be attached.*