



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (Please Print)

Date of Application	Full Name	
Street Address		City, State, Zip Code
Home Phone	Cell Phone	Email Address
SS#	Drivers License #	Are you 18 years or older? Yes or No

POSITION DESIRED

Position For Which You Are Applying:	Full or Part Time?	Rate of Pay Desired?
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GENERAL QUESTIONS

<p>Are you currently employed? Yes / No May we contact your employer? Yes / No</p> <hr/> <p>If your application is considered, what date are you available to begin work?</p> <hr/> <p>Are you an American citizen? Yes /No If not, do you have a Visa for immigration Status?</p> <p>Proof of Citizenship or immigration status will be required upon employment.</p> <hr/> <p>Referral Source (circle): Advertisement / Friend / Relative / Walk -In / Other:</p> <p>Have you been convicted of or charged with a crime or felony? Yes / No Describe:</p>
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EDUCATION:

Education	Name & Location of School	# of Years Attended	Did You Graduate	Degree or Diploma
High School				
College				
Other				

FORMER EMPLOYERS: List below your record of employment for the past 10 years, stating with the last one first. Please list any gaps between employments, i.e. volunteer work, stay at home, etc. If you need additional space, please use the back of this page.

From:	To:	Employer Name & Address & Phone #	Position & Duties	Rate Of Pay	Reason for Leaving
				\$	
				\$	
				\$	
				\$	

REFERENCES: Please give the name of three person's not related-two business references and one personal reference.

Name	Address	Type of Business	Phone #	Years Acquainted
1.				
2.				

IMPORTANT QUESTIONS

Has bond or security clearance ever been denied and/or canceled?

Have you ever attended and completed any child care training courses?

When & Where

Do you have a criminal record? **Yes or No**

If yes, explain: _____

Have you ever been shown by credible evidence, eg., 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 or 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 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 or No**

In no, please explain: _____

Do you have a valid driver's license? **Yes or No**

Have you had CPR training within the past two years? **Yes or No**

If yes, give expiration date: _____

Have you had first aid training within the past 3 years? **Yes or No**

If yes, give expiration date: _____

Bright From The Start: Georgia Department of Early Care Learning requires annual child care training, are you willing to participate? **Yes or No**

I certify that all information on this application is correct. I have not given any false statements concerning my qualifications requirements. Initials: _____

JOB APPLICATION AGREEMENT

I understand that the information given by me in this application is correct to the best of my knowledge. I agree that if the information is found to be false in any way, it should be considered sufficient for denial of employment or termination.

I have never been convicted of and it has never been shown by credible evidence, that I 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.

I understand that as a condition of the application process Little Learners Academy will perform a federal, state, and local criminal history and records check and possible finger print check. By signing this application I acknowledge my understanding of this and my consent to such checks and any updated reports.

It is the policy of Little Learners Academy to give random drug test screening. By signing this form I agree to random drug tests.

I agree to follow the policies and procedures of Little Learners Academy. I also understand that the policies and procedures can change at the discretion of the owners. CPR and First Aid are required for employment at Little Learners Academy. You must obtain proof of certification within thirty days from date of being hired.

During the first thirty days of employment you will be considered an "Introductory Employee" in training, during which time you are free to terminate your employment with Little Learners Academy at any time, with or without reason. Little Learners Academy has the right to terminate your employment at any time, with or without reason during this time period.

I authorize Little Learners Academy to inquire as to my records with any or all persons including former employees.

Applicant's Signature

Date

MEDICAL QUESTIONNAIRE/HEALTH HISTORY

NAME: _____ DATE: _____
SEX M F AGE: _____
PHYSICIAN'S NAME: _____ PHONE: _____
EMERGENCY CONTACT: _____
RELATION: _____ PHONE: _____
ARE YOU TAKING ANY MEDICATIONS OR DRUGS? YES NO

DO YOU NOW, OR HAVE YOU HAD IN THE PAST:

- | | | | | |
|---|-----|-----|----|-----|
| 1. History of heart problems, chest pains or stroke? | YES | ___ | NO | ___ |
| 2. High blood pressure | YES | ___ | NO | ___ |
| 3. Any chronic illness or condition? | YES | ___ | NO | ___ |
| 4. Difficulty with physical exercise? | YES | ___ | NO | ___ |
| 5. Advise from physician not to exercise? | YES | ___ | NO | ___ |
| 6. Recent surgery (last 12 months) | YES | ___ | NO | ___ |
| 7. Pregnancy (now or within last 3 months)? | YES | ___ | NO | ___ |
| 8. History of breathing or lung problems? | YES | ___ | NO | ___ |
| 9. Muscle joint or back disorder, or any injury? | YES | ___ | NO | ___ |
| 10. Diabetes or thyroid condition? | YES | ___ | NO | ___ |
| 12. Obesity (more than 20% over ideal body weight)? | YES | ___ | NO | ___ |
| 13. High blood cholesterol? | YES | ___ | NO | ___ |
| 14. History of heart problems? | YES | ___ | NO | ___ |
| 15. Hernia, or any condition aggravated by lifting weights? | YES | ___ | NO | ___ |

PLEASE EXPLAIN ANY YES ANSWERS BELOW

Please answer the following questions with a "YES or "NO" response.

1. Has your doctor ever said you have health trouble?
2. Do you frequently suffer pains in your chest?
3. Do you often feel faint or have spells of dizziness?
4. Has a doctor ever told you that you have bone or joint problems such as arthritis that has been aggravated by exercise or might be made worse by exercise?
5. Is there any reasons not mentioned here why you would not be able to perform your job at Little Learners Academy?
6. Are you over the age of 65 and not accustomed to exercise?

NOTE: If you answered 'YES' to any of these questions, you are not recommended to exercise without seeking Medical clearance from your physician. Please see Aerobic Director for information and medical release form required to be filled out by a physician prior to exercise.

SIGNATURE: _____ Date: _____