



Mental Fitness

Employment Application

DATE _____

POSITION DESIRED _____

DATE AVAILABLE _____

INTERVIEWED BY _____

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

HOME ADDRESS _____ PHONE NUMBER _____

BIRTH DATE _____ SOCIAL SECURITY NUMBER _____

(Circle One)

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 do you have?

Visa Registration Number: _____ Expiration Date _____

Has bond or security clearance ever been denied and/or canceled? YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERTIFICATE, DEGREE
ELEMENTARY	_____	_____	_____
SECONDARY	_____	_____	_____
COLLEGE	_____	_____	_____
OTHER	_____	_____	_____

Experience with groups of children

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

Attach documentation of experience working with children.

(Circle One)

Have you attended/completed any child care training courses? YES NO

If yes 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 addition space please use separate employment record form.

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

Have you attended/completed any child care training courses? YES NO
 Do you have a criminal record? YES NO
 If yes, 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.

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 NO
 If no, please explain. _____

Do you have a valid driver's license? YES NO
 If yes, give 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 child care 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 _____

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

Facility's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities
- 2. Physical environment and equipment
- 3. Emergency situations
- 4. Food service and nutrition

Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation
- 2. Communicable Diseases
- 3. Serious Injuries
- 4. Missing/Lost Children

Emergency Weather Plans

Childhood Injury Control

The Administration of Medication

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list)

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date

Date