



# Camden ACADEMY

DATE \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

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

HOME ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

(Circle One)

If you are under the 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
HIGH SCHOOL			
COLLEGE			
OTHER			

### Experience with groups of children

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

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

Have you attended/completed any child care training courses? YES NO (Circle One)

If yes list:

\_\_\_\_\_

BACKGROUND INFORMATION

Position Desired (“Any” is not an acceptable response). Director <input type="checkbox"/> Assistant Director <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Substitute <input type="checkbox"/> Cook <input type="checkbox"/> Bus Driver <input type="checkbox"/> Other <input type="checkbox"/> _____ Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary What age group do you prefer? _____ When are you available for work? _____ Salary/Wage Expected: \$ _____ per: _____ Do you have any commitments to any other employer which may affect your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____
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May we contact your current employer? 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

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

Do you have adequate transportation to get to and from work on a reliable and consistent basis?  
 YES NO

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

Do you have any children who will attend this center? YES NO

If yes, list age and grade of each child: \_\_\_\_\_

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: \_\_\_\_\_

Georgia Department of Early Care Learning

Requires annual child care training, are you willing to participate? YES NO

10 YEAR EMPLOYMENT HISTORY

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Record of Employment: Past 10 years (If unemployed between 2 jobs/dates, write "no work." Leave no gaps.

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			

Please explain fully any gaps in your employment history. You may use an extra sheet of paper, if necessary.

\_\_\_\_\_

\_\_\_\_\_

## Employment References

Please list **THREE** job references.

Please do not list family or friends. Must be previous employment references.

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Under the American 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.

APPLICANT'S STATEMENT: I understand that the Center is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex or gender, pregnancy or pregnancy-relation conditions, religion, handicap or disability, citizenship or service member status or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Center or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Center. I also authorize the center to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I certify that I do not use illegal drugs. I understand that the Center reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of any applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Center or its designee. I release the Center and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that specific laws, regulations, and rules apply to the Center's operation and I agree to comply with all such applicable laws, regulations, and rules. I also agree to comply with all applicable laws, regulations and rules that may apply to my own initial certification and continued certification to work for the Center.

I understand that this employment application and any other Center documents are not promises of employment. SHOULD I BE EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS. I FURTHER UNDERSTAND AND THAT IF I AM EMPLOYED, I CAN TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT ADVANCE NOTICE AND THAT THE CENTER HAS A SIMILAR RIGHT. I understand that no manager, representative or agent of the Center has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the owner may do so in writing.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Center's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

Each inquiry on this applicant must be fully answered or completed. Otherwise, you will not be considered for employment.