



Kids Come First Early Learning Centers
495 Scenic Hwy
Lawrenceville, GA 30046
Ph: 678-226-1809 / Fx: 678-466-7331

Employment Application

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME (FIRST) (MIDDLE) (LAST)

EMAIL ADDRESS

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.

Have you attended/completed any child care training courses?

YES

(Circle One)

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		

May we contact previous employers? _____

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 _____

EMPLOYEE EMERGENCY CONTACT FORM

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

☐ I have voluntarily provided the above contact information and authorize Kids Come First Early Learning Centers and its representatives to contact any of the above on my behalf in the event of an emergency.

☐ I choose not to furnish any emergency contact information to Kids Come First Early Learning Centers at this time.

Employee 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 Disease ☐
- 3. Serious Injuries ☐
- 4. Missing children ☐

Emergency Weather Plans ☐

Childhood Injury Control ☐

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

EMPLOYEE'S DOCUMENTATION RECORD

<u>Yes</u>	<u>No</u>	<u>N/A</u>	
[]	[]	[]	Education
[]	[]	[]	Qualifying Work Experience
[]	[]	[]	Orientation Training
[]	[]	[]	Criminal Records Check Application (date submitted_____)
[]	[]	[]	Fingerprints (date submitted_____)
[]	[]	[]	CPR Training, if any
[]	[]	[]	First Aid Training, if any
[]	[]	[]	Valid Driver's License
[]	[]	[]	Other Documentation (list)_____

Date Employed

Signature of Administrator/Person-in-Charge

Date

INITIAL STAFF TRAINING RECORD
(First Year of Employment)

<hr/>		<hr/>			
Employee's Name		Employment Date			
<hr/>					
Position					
	<u>Date</u>	<u>Approved Hours</u>	<u>Source of Training</u>	<u>Required by Position</u>	<u>Documentation On file</u>
CPR	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
First Aid	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>					
Identifying, reporting, meeting needs of abused child (two hours required)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Disease control, cleanliness, basic hygiene, illness detection, illness disposition, childhood injury control	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Child care related training (four hours required)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>					
Food nutrition planning, preparation, serving, proper dishwashing and food storage (four hours required of administrator and cook)	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>