

CHILDREN TODAY MONTESSORI

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EMPLOYMENT APPLICATION

DATE: _____ INTERVIEWED BY: _____

POSITION DESIRED: _____

DATE AVAILABLE: _____ HOURS AVAILABLE: _____

NAME: _____ SPOUSE'S NAME: _____

FIRST

MIDDLE

LAST

ADDRESS: _____ State: _____ Zip Code: _____

BIRTHDAY: _____ SOCIAL SECURITY NUMBER: _____

CELL: _____ HOME NUMBER: _____

If you are under age 18, can you submit a work permit if hired? YES NO (circle one)

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 cancelled? YES NO

If yes, please explain:

EDUCATION (Attach documentation of qualifying education)

SCHOOL	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 NO (circle one)

If yes, list courses:

Do you have a criminal record? **YES NO (circle one)**

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 (circle one)**

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.

Are you able to lift 25-30 pounds without assistance? YES NO (circle one)

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 (circle one)**

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 two 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 (circle one)**

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

SIGNATURE

DATE

EMPLOYMENT RECORD

NAME: _____

SOCIAL SECURITY NUMBER: _____

PLEASE LIST EMPLOYMENT ISHTORY FOR THE **PAST TEN YEARS**, BEGINNING WITH YOUR MOST CURRENT OR LAST ELMPLOYER. 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 additional space, please use separate employment form. You can also attach a resume to this application.

Month/ Year	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	POSITION HELD	REASON FOR LEAVING
From			
To			
From			
To			
From			
To			
From			
To			
From			
To			

LIST THREE REFERENCES

NAME/RELATIONSHIP	PHONE NUMBER	COMMENTS (OFFICE USE)

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SIGNATURE

DATE