



**1st. Creative Learning Academy**

## Application for Employment

1<sup>st</sup> Creative Learning Academy CDC, LLC  
Is an Equal Opportunity Employer

### PERSONAL INFORMATION

Name (Last, First, Middle):	Date:	
Social Security Number:	Date of Birth:	
Home Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
Can you prove your U.S. Citizenship? Circle one:	Yes	No
If not a U.S. Citizen, give Visa No. and Expiration Date:		

Position You Are Applying For	
Title:	Salary Requirement:
Referred by:	Date You Can Start:

### EDUCATION RECORD

High School (Name, City, State):	
Graduation Date:	
Business or Technical School (Name, City, State):	
Dates Attended:	Degree Earned:
Undergraduate College (Name, City, State):	
Dates Attended:	Degree, Major:
Graduate School (Name, City, State):	
Dates Attended:	Degree, Subject:

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(please turn to next page)

10 YEAR WORK HISTORY (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 THE SEPARATE EMPLOYMENT HISTORY) START WITH MOST RECENT)

1-Employer

Dates Employed:

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Address:

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City:

State:

Zip:

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Phone:

Ending Salary:

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Title/Duties:

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Manager's Name and Title:

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Reason for Leaving:

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2-Employer

Dates Employed:

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Address:

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City:

State:

Zip:

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Phone:

Ending Salary:

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Title/Duties:

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Manager's Name and Title:

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Reason for Leaving:

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3-Employer

Dates Employed:

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Address:

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City:

State:

Zip:

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Phone:

Ending Salary:

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Title/Duties:

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Manager's Name and Title:

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Reason for Leaving:

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**DoubleCheck:** If you need additional space to document your work history over the past ten years, please complete the 10 year record provided at the end of this application.

**BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)**

1-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Work Phone:

Home Phone:

Address:

City:

State:

Zip:

Relationship to You:

**ADDITIONAL INFORMATION**

Please describe the workday hours that best meet your needs.

\_\_\_\_\_

\_\_\_\_\_

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Are there any hours between 6:00a.m. and 6:30p.m. that you would not be available to be scheduled for work? Please explain: \_\_\_\_\_

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Have you ever attended/completed any child care training Courses? \_\_\_\_ If so, please summarize your educational background in child care/child development: \_\_\_\_\_

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

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

Please describe why you want to work with young children. \_\_\_\_\_

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

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Write a short description of your childhood, describing how it will impact how you care for children:

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Describe how you provide guidance and discipline to young children:

Please describe the job responsibilities that you feel are most important to helping the children in your care grow and develop to their potential:

Please list the date you are available to begin work, if you are offered a position: \_\_\_\_\_

I certify that I did not make any material false statements concerning qualifications requirements either to the department or the proposed licensee.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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For Office Use Only:

- \_\_\_\_ Complete Application
- \_\_\_\_ CRC
- \_\_\_\_ CPR/First Aid Verification
- \_\_\_\_ Interview
- \_\_\_\_ Test Day Scheduled
- \_\_\_\_ References Checked

Date of Hire \_\_\_\_\_