Kid's Stop Employment Application

East Rome - Home Office
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West Rome
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Cartersville
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KIDS' STOP LEARNING CENTER

DATE

POSITION DESIRED

DATE AVAILABLE

INTERVIEWED BY

NAME	(First)	(Middle)	(Last)	SPOUSE'S NAME

HOME ADDRESS | HOME PHONE

BIRTHDATE | SOCIAL SECURITY NO. | EMAIL ADDRESS

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA, CERT. OR 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   IF YES, LIST.

TEN YEAR EMPLOYMENT HISTORY. BEGIN 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, HOUSWIFE, UNEMPLOYED, ETC.

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION
FROM --------- TO		
FROM --------- TO		
FROM --------- TO		
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 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, EXPLAIN: _____

ARE YOU IN ALL RESPECTS ABLE TO PERFORM ADEQUATELY THE JOB DUTIES FOR WHICH YOU ARE APPLYING ? ____ YES ____ NO   IF NO EXPLAIN: _____

DO YOU HAVE A VALID DRIVER'S LICENSE ? _____ IF YES, GIVE LICENSE NUMBER AND CLASS OF LICENSE:

HAVE YOU HAD CPR WITHIN THE PAST TWO YEARS ? _____ IF YES, GIVE EXPIRATION DATE: _____

HAVE YOU HAD FIRST AID TRAINING WITHIN THE PAST THREE YEARS ? _____ IF YES, GIVE EXPIRATION DATE:

DEPARTMENT OF HUMAN RESOURCES REQUIRES ANNUAL CHILD CARE TRAINING, ARE YOU WILLING TO PARTICI-PATE ? _____

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT. I HAVE NOT GIVEN ANY FALSE STATEMENT CONCERNING MY QUALIFICATION REQUIREMENTS.

SIGNATURE: _____ DATE: _____