



Application for Employment

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alt Phone: _____

Email Address: _____

Social Security Number: _____ D.O.B. _____

Are you a U.S. citizen? _____ If not, can you show proof of eligibility to work in the US? _____

Have you ever been accused or shown by credible evidence to have neglected or deprived any child or adult or subjected any person to serious injury as a result of intentional or negligent misconduct or behavior? _____ If yes please explain the circumstance:

Have you ever been convicted of a crime felony or misdemeanor? _____
If Yes, please explain the charge(s)? _____

Do you have any physical/ mental conditions or limitations that will prevent you from adequately performing the job duties associated with the care and supervision of the children enrolled at the center? _____ If Yes, describe the nature of the condition:

As part of the regulations set forth by Bright from the Start Child Care Licensing, employment is contingent upon a satisfactory criminal records check. I will provide a background check conducted by a law enforcement agency in Georgia.

I will include separate documents that describe:

- _____ 1) my qualifying work experience;
- _____ 2) my education, commensurate with my position; and
- _____ 3) a ten year work history.

I attest that all statements made on this application and all additionally provided information is true and I understand that any false statements made will prevent or discontinue my employment with this company.

Signature: _____ Date: _____



Pre-Employment Drug Testing Consent & Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Foundations for the Future in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that a physician or lab may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents (including the physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

WITNESS:

Print Name: _____

Signature: _____



Ten Year Work History

Name: _____ Date: _____
 Social Security #: _____

Month/Year	Name & 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: _____			
From: _____ To: _____			
From: _____ To: _____			
From: _____ To: _____			



Education & Experience

Name: _____ Date: _____
Social Security #: _____

Describe below the child care related experience that qualifies you for a position as a
_____.

Describe below the education experience that qualifies you for a position as a
_____.

High School:

College:

Other:



Availability

Hours of Availability (we are open 6:30am-6:30pm):

	FULL AVAILABILITY			PREFERRED HOURS	
	From	To		From	To
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Minimum Hours/Week you would like to work: _____ min hrs/week

Maximum Hours/Week you would like to work: _____ max hrs/week

Do you have any anticipated availability changes (for example, school schedule changes, etc.)? If yes, what are they and when might they take place?

Ages of children you would like to work with:

1st choice: _____

2nd choice: _____

3rd choice: _____

When are you available to start? _____

*If you know that you will only be able to work here temporarily, please list your anticipated last day (no employees will be fired for letting us know in advance you are planning on leaving—it just helps us to know how to plan the classrooms). Anticipated Last day:

At your last or current job, what was/is your hourly pay rate? \$_____/hr

If you have children, will any of your children need to attend Foundations while you work?

Child's Name: _____ Birth date: _____

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