



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		

Have you attended/completed any child care training courses? YES NO  
 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 \_\_\_\_\_

# EMPLOYMENT RECORD

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

## Record of Employment: Past 10 Years

Month/Year	Name and Address of Employer	Position	Reason for Leaving
From: _____ To: _____			
From: _____ To: _____			
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