



## LEAD Preparatory Employment Application

Date:	Position Desired:		
Date Available:	Interviewed by:		
<b>Applicant Profile</b>			
First Name:		Last Name:	
Phone Number:	Date of Birth:	SSN#:	
Email:	Height:	Weight:	Eye Color: Hair Color:
Place of Birth:	Spouse's Name:		Spouse's Phone Number:
Address:			
City:	State:	Zip:	

If you are under age 18, can you submit a work permit if hired?	YES	NO
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:	Exp. Date:	
Has bond or security clearance ever been denied and/or canceled?	YES	NO
If yes, please explain:		

<b>Education</b> <i>(Attach documentation of qualifying education.)</i>			
	Place	Dates	Diploma, Certificate, Degree
Elementary			
Secondary			
College			
Other			
<b>Experience with groups of children</b>			
<i>(Indicate ages of children, your duties, dates of time you worked in this position, and reasons for leaving / Attach documentation)</i>			

Have you attended/completed any childcare training courses?	YES	NO
If yes, please list below:		

### Employment History

Please list employment history for the past 10 years, beginning with you most current or last employer. If you have been unemployed during any time within the past 10 years, list how you spent you time, e.g. student, housewife, unemployed, etc. If you need additional space use separate sheet:

Month   Year	Name and address of employer	Position
From: To:		
From: To:		
From: To:		
From: To:		
From: To:		

### Criminal Background

Where were you born? (city, state, country)			
Have you lived in any other state or country in the last 5 years?		YES	NO
If YES, what state and country?			
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 <u>only</u> if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at <u>any time</u> during the interview process. You are obligated to inform the program director of your needs <u>if it</u> 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 childcare training, are you willing to participate?		YES	NO

## Personal Profile

Last Name:	First Name:	DOB:
Height:	Weight:	Phone#
Address:		
<b>Automobile Information</b>		
Year:	Make:	Model:
<b>Professional References</b>		
<i>Please provide at least 3 professional references below (current or former supervisors):</i>		
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
<b>Who should we contact in case of emergency?</b>		
Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:
Name:	Relationship:	Phone#:
<b>Medical Information</b>		
Please list any known food allergies.	Please list any know drug allergies.	List any other allergies.
1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.	1. 2. 3. 4. 5. 6.
List any medical conditions paramedics should be aware of: ( <i>asthma, seizures, migraines, etc.</i> )		
1. 2. 3. 4. 5.		
List any medications paramedics should be aware of in the event medical attention is required:		
1. 2. 3. 4. 5. 6.		
If medical transport is required, which hospital do you prefer?	1st Choice:	2nd Choice:
Doctor's name:	Phone#	
Doctor's name:	Phone#	
Doctor's name:	Phone #	