

**BRIGHT FROM THE START: GEORGIA
DEPARTMENT OF EARLY CARE AND LEARNING**

DATE

POSITION DESIRED

**APPLICATION FORM FOR
CHILD FACILITY PERSONNEL-CHRISTSCHOOL**

DATE AVAILABLE

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

HOME ADDRESS CELL PHONE

BIRTHDATE SOCIAL SECURITY NUMBER EMAIL ADDRESS

If you are under age 18, can you submit a work permit if hired? _____

If you are not a US citizen, do you have a VISA to work in the US? _____

If yes, what kind of VISA classification?

VISA Registration No: _____ Expiration date _____

Has bond or security clearance ever been denied and/or canceled? _____ Yes _____ No _____

If yes, please explain: _____

EDUCATION (Attach documentation of qualifying education)

	PLACE	DATES	DIPLOMA CERT. OR DEGREE
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Elementary			
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Secondary			
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College			
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Other			
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Experience with groups of children (indication ages of children, your duties, dates of time you worked in this position, reason 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, HOUSEWIFE, UNEMPLOYED, ETC.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	POSTION
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: _____

Under the Americans 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 the 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 and Learning requires annual child care training, are you will to participate?

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

Signature _____

Date _____

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT:

COGENT Registration ID: _____

(Please read instructions on the following pages before completing this application.)

1. APPLICANT/ Owner (present in facility) 2. PROGRAM TYPE: Child Care Learning Center
EMPLOYEE TYPE: Director/Provider Family Child Care Learning Home
 Employee - Teacher/Asst. Teacher Exempt Program
 Employee - Other Head Start Program
 Resident Support Center
 Temporary/Substitute Caregiver
 Independent Contractor
 Volunteer
 Student-In-Training (must submit proof of enrollment with this application) Date of Hire: _____
 Informal Provider

3. PRINT FULL NAME: _____
LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

_____ GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

_____ HEIGHT WEIGHT EYE COLOR HAIR COLOR () HOME TELEPHONE NUMBER

() CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

HOME ADDRESS: STREET CITY STATE ZIP

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. In the past five years, have you resided in a state other than Georgia, a US territory or tribal land? NO YES

IF YES, LIST ALL: _____

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning (DECAL) to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States, its territories or tribal lands. I authorize DECAL to conduct a search of the National Sex Offender Registry, the child abuse/neglect registry of Georgia and of any state in which I have resided within the past five years. I further authorize DECAL to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature for the criminal history release and that Georgia law authorizes DECAL to require additional records checks when the department has reason to believe that I have a record that renders me ineligible to have contact with children in the center or during the course of an investigation.

APPLICANT'S SIGNATURE

DATE

6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:

NAME OF PROGRAM

PROGRAM IDENTIFICATION NUMBER

PROGRAM STREET ADDRESS

CITY, STATE, ZIP

PROGRAM MAILING ADDRESS

CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.

SIGNATURE DATE

PROGRAM TELEPHONE NUMBER

NAME (PRINTED)

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ATTENTION: RECORDS UNIT
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

FAXED APPLICATIONS WILL NOT BE ACCEPTED. SUBMIT APPLICATIONS THROUGH DECAL KOALA FOR FASTER PROCESSING.