



*A Journey Through Education*

## Employment Application

3378 Hamilton Mill Road, Buford, GA 30519 678-714-9555 (phone), 678-714-0905 (fax)

2013 Millcrest Drive, Hoschton, GA 30548 770-904-0004 (phone), 770-904-0009 (fax)

Please print or type all information.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Are you at least 18 years of age? Y / N (circle one)

Desired number of weekly work hours: \_\_\_\_\_

Desired Position: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

### High School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date Graduated: \_\_\_\_\_

### College or Technical School

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

### Other Educational Institutions

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you planning to further your education?

Yes \_\_\_\_ When? \_\_\_\_\_ No plans \_\_\_\_

Have you had CPR Training within the past two years? Y / N (circle one)

Have you had First Aid training within the past three years? Y / N (circle one)

List any participation in child care training courses. Include dates of attendance and expiration dates of any certifications.

\_\_\_\_\_

List any experiences you have had working with groups of children.

\_\_\_\_\_

List any educational or professional organizations to which you belong:

\_\_\_\_\_

Do you have any special talents? Include any musical instruments that you can play:

\_\_\_\_\_

Describe any physical or personal limitations on the type of work you are capable of performing that may interfere with your capability to work with children at school or the amount of time you can spend at work.

\_\_\_\_\_

I am not suffering from any physical handicap or mental health disorder which would interfere with my ability to perform adequately the job duties of providing for the care and supervision of the children in my care.

This \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_  
Applicant's Signature

### References

Please list two references, not including relatives or former supervisors.

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

## Employment History

Start with your most recent employer.

Employer: _____	Phone: (____) _____ - _____
Address: _____	
Start Date: _____	End Date: _____
Position and Duties: _____	
Reason for Leaving: _____	
Supervisor's Name: _____	
Salary: _____ May we contact your current employer? Y / N (circle one)	

Employer: _____	Phone: (____) _____ - _____
Address: _____	
Start Date: _____	End Date: _____
Position and Duties: _____	
Reason for Leaving: _____	
Supervisor's Name: _____	
Salary: _____	

Employer: _____	Phone: (____) _____ - _____
Address: _____	
Start Date: _____	End Date: _____
Position and Duties: _____	
Reason for Leaving: _____	
Supervisor's Name: _____	
Salary: _____	

Have you ever been convicted of or charged with a crime or felony?

No \_\_\_\_ Yes \_\_\_\_ Describe: \_\_\_\_\_

Are you available for \_\_\_\_ full time \_\_\_\_ part time employment?

On what basis? \_\_\_\_\_

I have never been found by a court or jury, 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. It is my understanding that the first ninety (90) days of employment are probationary with the first week being a trial period. During this probationary period, if my work and services have not proven satisfactory, my employment may be discontinued at will, without prejudice or recourse. Upon satisfactory completion of the initial 90 day probationary period I understand that I will enter the *regular* employment classification. In the event I should terminate my employment, I agree to file my resignation two weeks prior to the effective date. I understand that I will be subjected to a criminal background check that may include submitting a fingerprint record. I understand that I may be subjected to a credit check. I further understand that I may be subjected to a motor vehicle record check. I authorize any and all parties to respond to background inquiries made by New Odyssey for Children by disclosing personal information about myself to New Odyssey for Children. I agree to provide, if necessary, documentation of any of my education, training, and/or experience. I authorize New Odyssey for Children to inquire as to my record with any or all persons including former employers. In the event of my employment with New Odyssey for Children, I agree to comply with the rules and regulations governing my employment. I certify that the information contained on this application is correct to the best of my knowledge. I understand that any information, including information regarding my qualifications, that is falsely presented or any information discovered contrary to that stated can and will result in immediate termination.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Odyssey for Children has adopted a nondiscrimination policy in which all employment applications and admissions are to be made without regard to race, color, creed, ancestry, sex, handicap or national origin.

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Position: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date