



Northeast Georgia's  
Early Intervention Center  
P.O. Box 5758  
Gainesville, GA 30504  
770-535-8372  
770-535-0252 FAX

## Application for Employment As of 23 August 2011

Date: \_\_\_\_\_ Position Desired: \_\_\_\_\_

NAME: (FIRST) (MIDDLE) (LAST)

ADDRESS: (STREET) (CITY) (STATE) (ZIP)

PHONE: (HOME) (CELL) (OTHER)

Please indicate your contact preference:  Home Phone  Cell Phone  Other Phone

E-Mail \_\_\_\_\_

### E-MAIL ADDRESS

Are you over the age of 18? \_\_\_\_\_

Desired Hourly Rate: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of employment desired:  Part-Time  Full-Time  Temporary

Have you submitted an application here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date(s) \_\_\_\_\_

Have you ever been employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give date(s) \_\_\_\_\_

## Education

Please attach copies of any post-secondary certificates, diplomas, degrees and/or transcripts.

	Place	Diploma/Degree/Certificate
Secondary/ High School		
Technical College		
College/ University		
College/ University		
Other		

## Professional Certification

If applicable, please list all teaching or other certificates you currently hold or have previously been issued.

Certificate Type and Level	Field	Expiration Date

## Praxis II Information

If applicable, please list any information regarding Praxis II assessments.

Name of Test	Test Number	Score	Passed (Y or N)	Date Taken

## PROFESSIONAL AND PERSONAL RECOGNITIONS AND ACTIVITIES

Honors/Awards Received: \_\_\_\_\_

\_\_\_\_\_

Community Involvement: \_\_\_\_\_

\_\_\_\_\_

Professional Activities: \_\_\_\_\_

\_\_\_\_\_

## Experience

*Please list any experience working in direct care/education of children.  
Include substitute teaching, student teaching and volunteer work.*

Name, Address, and Telephone Number	Name of Supervisor	Beginning Date	Age/Grade Level and Position	Reason for Leaving
		Ending Date		

*We may contact the employers listed above unless you indicate those you do not want us to contact.*

Do not contact: Employer (s) \_\_\_\_\_  
Reason(s) \_\_\_\_\_  
\_\_\_\_\_

Have you attended/completed any childcare training courses?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list type of course and dates: \_\_\_\_\_  
\_\_\_\_\_

Have you had CPR training within the past two years?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the expiration date: \_\_\_\_\_

Have you had first aid training in the past three years?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the expiration date: \_\_\_\_\_

Are you willing to participate in childcare workshops and seminars?    Yes \_\_\_\_\_ No \_\_\_\_\_



## REFERENCES

	NAME & ADDRESS	PHONE	Reference Check/Notes (Office Use Only)
<b>PROFESSIONAL REFERENCE</b> (If different from info above)			
<b>PROFESSIONAL REFERENCE</b> (If different from info above)			
<b>PERSONAL REFERENCE</b>			
<b>OTHER REFERENCE</b>			

## OTHER INFORMATION

If you are not a United States citizen, do you have a Visa to work in the US?

If yes, what kind of Visa classification? \_\_\_\_\_

Visa Registration Number: \_\_\_\_\_

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

If yes, please 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. **If reasonable accommodation is needed to perform the job duties, please identify accommodations needed:** \_\_\_\_\_

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 criminal record? Please initial one: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Have you ever been shown by credible evidence, e.g. a court order or jury, a department of 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 \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT. I HAVE NOT GIVEN ANY FALSE STATEMENT CONCERNING MY QUALIFICATIONS.**

Signature: \_\_\_\_\_

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