

# Job Application Form



Please complete this form in type or with black ink. All questions must be answered in the boxes provided.

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

First name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Telephone Number: \_\_\_\_\_ Work/Mobile: \_\_\_\_\_

Can we call you at work? **YES NO** E-mail Address: \_\_\_\_\_

## Work Status

If you are under age 18, can you submit a work permit if hired? **YES NO**

Are you a US citizen? **YES NO** If yes, what is your social security number? \_\_\_\_\_

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

Has bond or security clearance ever been denied and/or canceled? **YES NO**

If yes, please explain: \_\_\_\_\_

## Working Schedule

Please write down the days and hours (include a.m. and p.m.) you are able to work. Use Eastern Standard Time.

Monday	Tuesday	Wednesday	Thursday	Friday

Please give the names and full addresses of two people who can verify and discuss your employment record. One must be your present or most recent employer. The references should be your immediate supervisor, if this is not the case please give details of relationship. Note: We cannot solely accept personal references for classroom teachers.

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

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

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Can we call? **YES NO**

Can we call? **YES NO**

Please indicate whether your references can be approached now. References are normally sought after interview.

**QUALIFICATIONS AND CHARACTER INQUIRIES**

Have you ever been convicted of a Misdemeanor or Felony for a criminal offense? **YES** **NO**

If **YES**, please give details and date(s) in the space provided below:

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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**

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**Qualifications Achieved (start with most recent):**

Secondary Schools, Colleges, Universities	From:	To:	Brief Details of Courses/qualifications undertaken:	Grade:

**Study currently being undertaken:**

Secondary Schools Colleges, Universities	From:	To:	Brief Details of Courses:	Grade:

**Professional or other qualifications, apprenticeships, memberships of professional organizations:**

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**Other training you have received which you consider relevant:**

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**HEALTH INFORMATION**

**DISABILITY OR HEALTH PROBLEMS DO NOT PRECLUDE FULL CONSIDERATION FOR THE JOB AND APPLICATIONS FROM DISABLED PERSONS ARE WELCOMED.**

Please give number of sick days in last 12 months

Please give number of separate occurrences of illness in last 12 months

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. \_\_\_\_\_

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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**

Do you have a driving license? **YES NO**

Do you have reasonable access to public transport? **YES NO**

Do you have access to a vehicle? **YES NO**

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**EMPLOYMENT HISTORY**

Current/most recent employer: \_\_\_\_\_

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Date Started: \_\_\_\_\_ Until: \_\_\_\_\_ Notice required: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary per year (or hour): \_\_\_\_\_

Brief Description of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**DECLARATION OF UNDERSTANDING AND AUTHORIZATION**

Any of the above particulars may be subject to verification by Happy Place, LLC. I understand that any false, inaccurate or incomplete information could result in dismissal, disciplinary action or a withdrawal of any offer of employment.

I understand that the Happy Place, LLC may process, by means of a computer database or otherwise, any information which I provide to it, for the purpose of employment with Happy Place, LLC.

I declare that the information given on this form is to the best of my knowledge correct and complete and can be treated as part of any subsequent contact of employment.

I authorize Happy Place, LLC and any of its authorized representatives, to investigate any and all of the information contained in this application and to conduct additional investigations of my experience and background as it relates to my application for hire. I give my permission to my past employers to provide my performance history to Happy Place, LLC.

I understand that if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain in the employer's employ.

In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice.

I understand that no representations will be made, express or implied, which are contrary to the foregoing. This statement of policy is not subject to change. I have read and understand and agree to the provisions of this application.

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

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

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Please return in an envelope marked 'CONFIDENTIAL'; to:

**Happy Place Learning Center**  
**2608 Highway 337**  
**Menlo, Georgia 30731**

**EQUAL OPPORTUNITIES**

We are committed to Equal Opportunities in Employment. As part of this policy, all applicants for employment are requested to complete this section for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to invite you to interview or offer you employment. As an Equal Opportunities Employer, we aim to ensure that no job applicant or employee receives less favorable treatment on the grounds of age, sex, race, color, marital status, religion, ethnic origin, nationality or sexual orientation. Please help us to achieve our main aim by completing the following questions:

**Position applied for:**

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Name: Full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

If you are invited to attend for interview or to take up employment, and require special arrangements, please give details below:

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**Gender:**

Male

Female:

**Disability:**

Do you consider yourself to have a disability? Yes  No

**I would describe my race or ethnic origin as (please tick appropriate box):**

White  African American  Hispanic

Native American  Asian  Arabic

Other

**How did you find out about this vacancy?**

(please give the name of the newspaper/person/website)

I consent to the Happy Place, LLC holding the data in the equal opportunities section of this form.

**Signature of applicant:** \_\_\_\_\_

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