



APPLICATION FOR EMPLOYMENT  
AN EQUAL OPPORTUNITY EMPLOYER

INTRODUCTION

Bells Ferry Learning Center is a full-service, quality learning center. We are privately owned and operated and have proudly served the Woodstock/Acworth area for more than 20 years and are expanding into Marietta in 2016. We pride ourselves on providing a family-oriented atmosphere that is warm and inviting. We have earned numerous awards and accreditations over the years, placing us among the top child care facilities in the country. If employed, you will be expected to perform at the level that rates among the highest in the nation. We will give you the tools and the training you need to perform at your peak. Thank you for considering Bells Ferry Learning Center for your employment needs.

EQUAL OPPORTUNITY POLICY/AMERICANS WITH DISABILITIES ACT

Bells Ferry Learning Center is an equal opportunity employer. In all our employment practices, including hiring, we are firmly committed to equal opportunity without regard to race, religion, color, sex, age, national origin, citizenship, disability or any other basis of discrimination prohibited by applicable local, state or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on such grounds. Under the Americans with Disabilities Act of 1991, all programs are required to reasonable 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 a staff member is disabled and requires accommodation, they may request it at any time during the interview process. They are obligated to inform the program director of their needs if it will impact their ability to perform the job for which they are applying.

APPLICANT'S CERTIFICATION

Pursuant to Georgia Department of Human Resources Rules and Regulations for Day Care Centers, effective March 1, 1991, rule 290-2-2-09 Administration and Staff Requirements (Director, Assistant Director, Lead Teacher, etc.), I certify to the following:

1. I am not suffering from any physical handicap or mental health disorder which would interfere with my ability to perform adequately the assigned job duties and in accordance with State Child Care Rules and Regulations of providing care and supervision of children.
2. I do not have a criminal record.
3. I never have been found by credible evidence, e.g. a court or jury, a department investigation or 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.
4. I will comply with all state requirements for initial and continued certification.

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

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

DRUG POLICY

Bells Ferry Learning Center does not hire persons who use illegal drugs. Persons hired may be required to take a pass a strict screen for illegal drugs and may be subject to periodic tests for illegal drugs.

I certify that I (check one) do \_\_\_\_\_ do not \_\_\_\_\_ use illegal drugs.

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

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

How did you learn about us?

FRIEND/RELATIVE

ADVERTISEMENT

DRIVE BY

OTHER: \_\_\_\_\_

Position applying for (circle):

LEAD TEACHER

ASST TEACHER

DIETITIAN

BUS DRIVER

Employment desired (circle):

FULL TIME

PART TIME

TEMPORARY

Preferred age group (circle):

INFANTS

ONES

TWOS

THREES

FOURS +

Salary expected: \$ \_\_\_\_\_ per \_\_\_\_\_ Date available to start, if hired: \_\_\_\_\_

# PERSONAL INFORMATION

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you would be known to any employer, school or reference under another name, please indicate what name:

Are you at least 18 years of age? YES NO      Are you at least 21 years of age (for director)? YES NO

Have you ever applied for employment or been employed here before?	YES	NO
Do you have any relatives or friends working here?	YES	NO
Have you ever been convicted of a crime?	YES	NO
Are you currently on layoff status, leave of absence or other suspension of employment and subject to recall with another employer?	YES	NO
Have you ever served in any branch of the United States armed forces?	YES	NO

If you answered 'yes' to any of the questions above, please give full details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three personal references that do NOT include previous employers, ministers, pastors or relatives:

Name: _____	Phone: _____	Occupation: _____
Name: _____	Phone: _____	Occupation: _____
Name: _____	Phone: _____	Occupation: _____

# EDUCATION

NAME	CITY/STATE	YEARS	DEGREE
------	------------	-------	--------

H.S. \_\_\_\_\_

College \_\_\_\_\_

Business/Vocational \_\_\_\_\_

Are you current in First Aid training? YES NO      CPR Training? YES NO

If you hold any certificates for childcare training, please list them below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# EMPLOYMENT RECORD

List each job held. Start with present or most recent job. Explain any gaps in employment in the space provided.

DATE MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	PHONE	POSITION	REASON FOR LEAVING
FROM				
TO				
PAY START FINAL	JOB RESPONSIBILITIES			

DATE MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	PHONE	POSITION	REASON FOR LEAVING
FROM				
TO				
PAY START FINAL	JOB RESPONSIBILITIES			

DATE MONTH/YEAR	NAME/ADDRESS OF EMPLOYER	PHONE	POSITION	REASON FOR LEAVING
FROM				
TO				
PAY START FINAL	JOB RESPONSIBILITIES			

Explain any employment gaps:

---



---

Do you have access to transportation?                      YES                      NO

Do you have children that will attend Bells Ferry Learning Center?                      YES                      NO  
 if yes, please list:      Age:                      Age:                      Age:

Would you be willing to participate in training programs for teachers?                      YES      NO  
 Are you involved in any extracurricular activities outside of your job?                      YES      NO  
 If yes, please list any activities that would affect your attendance:

---

## AGREEMENT AND CERTIFICATION

Please read the following carefully and sign in the space provided.

I hereby certify that the facts set forth in this application (and accompanying resume) are true and complete to the best of my knowledge. I agree and understand that any misrepresentation of information or failure to disclose information will subject me to dismissal. If I am offered employment, I understand I may be required to submit to a physical examination designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by Bells Ferry Learning Center (BFLC), and that final acceptance for employment is subject to me successfully passing this physical examination. I further understand that any misrepresentation of information or failure to disclose information at the time of my physical may result in employment disqualification or dismissal.

I understand that in connection with my application for employment, an inquiry into my background may include an investigative consumer report, which provides applicable information concerning character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for information as to the nature and scope of any such report.

If employed, I agree to conform to all BFLC rules and regulations and all Federal, State and local rules and regulations. In this regard, I understand that BFLC may, at its discretion, conduct searches of lockers, lunch boxes, tool boxes, clothing, purses, briefcases, vehicles, desks, work areas and other personal or BFLC property. I hereby consent to such search. I also understand that if employed, my employment is for an indefinite period of time, that either I or BFLC may terminate my employment at will at any time, with or without cause or notice. I hereby disclaim the existence of any contract of employment, either express or implied.

This Agreement contains and represents the entire agreement between BFLC and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand that this Agreement cannot be orally modified and that any subsequent modification of this Agreement including the at-will state of employment I seek, must be in writing and duly executed by BFLC .

I certify that I am a true and bona fide job applicant honestly interested in the positions for which I have applied, and am seeking employment with BFLC solely to provide me the benefits of a job and for no other purpose.

Applicant Signature:

Date:

## AUTHORIZATION TO RELEASE INFORMATION

I understand BFLC and its agents may investigate or seek information concerning my background and/or previous employment. I further agree and understand that if employed, BFLC may at any time seek any information from whatever source which, in its discretion, deems relevant to my employment. Accordingly, I hereby authorize the previous employers and references listed in my application, any medical facility or related personnel, or any other source contacted by BFLC to give BFLC any and all information they may have, personal or otherwise. I hereby release BFLC and its agents, any previous employers, any medical facility or related personnel, any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

*I further understand that my Criminal Records Check will be sent in on the date of hire and my employment at BFLC may be terminated if my records check is not in compliance with State and Child Care standards.*

Applicant Signature:

Date: