



P.O. Box 150

Vidalia, GA 30475

Phone: (912) 535-7521

Fax: (912) 537-1892

Email: [cornerstonechildrenscenter@gmail.com](mailto:cornerstonechildrenscenter@gmail.com)

## Employment Application

### I. Personal Information

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

Last

First

Middle

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

Street

City

State/Zip

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

If you are under the age of 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? \_\_\_\_\_

VISA Registration No.: \_\_\_\_\_ Expiration date \_\_\_\_\_

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

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 accommodations, 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.

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 that 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 willing to participate? ☐ Yes ☐ No

## II. Professional Information

Position Seeking: ☐ Infants  
☐ Preschool  
☐ Afterschool Care

Any Certification Held: \_\_\_\_\_

Extracurricular: \_\_\_\_\_

Technology or Other Skills: \_\_\_\_\_

Experience with groups of children (indicate ages of children, your duties, dates of time you worked in this position, reason for leaving)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU ATTENDED/COMPLETETED ANY CHILD CARE TRAINING COURSES? YES \_\_\_\_ NO \_\_\_\_

IF YES LIST: \_\_\_\_\_

\_\_\_\_\_

**III. Educational Background**

	Place	Dates	Diploma Cert. or Degree
Elementary			
Secondary			
College			
Other			

**IV. Employment History**

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.

Company Name Address Phone Number	Employment Date	Position or Title	Immediate Supervisor
	To: From:		
	To: From:		
	To: From:		
	To: From:		
	To: From:		
	To: From:		

May we contact your previous employers: ☐ Yes ☐ No

## V. Written Responses

- Define Christian education.
  
  
  
  
  
  
  
  
  
  
- Tell us about your relationship with Jesus Christ.
  
  
  
  
  
  
  
  
  
  
- What are three books you have read recently?
  - 1.
  - 2.
  - 3.
  
  
  
  
  
  
  
  
  
  
- Why are you seeking employment at Cornerstone Children Center?
  
  
  
  
  
  
  
  
  
  
- Give an example of teamwork.
  
  
  
  
  
  
  
  
  
  
- What do you believe to be your most significant accomplishment?

**V. References**

Please list four individuals to be contacted as references (do not include relatives)

Name	Phone	Email	Occupation	Relationship

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

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