



St. Simons United Methodist Preschool
624 Ocean Boulevard
St. Simons Island, GA 31522
Phone & Fax: (912) 634-8557
maryb@stsimonsumc.com

Date

Position Desired

Date Available

EMPLOYMENT APPLICATION

Name (First) (Middle) (Last) Spouse's Name (if applicable)

Home Address Phone Number

Birth Date Social Security Number Email Address
 (Circle One)

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

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: _____

EDUCATION (attach documentation of qualifying education)

PLACE DATES CERTIFICATE/DEGREE

Elementary _____

Secondary _____

College _____

Other _____

Experience with groups of children (indicate ages of children, duties, dates worked in that position, reasons for leaving):

Attach documentation of experience working with children

(Circle One)

Have you attended/completed any childcare training courses? YES NO

If yes, please list: _____

PLEASE LIST EMPLOYMENT HISTORY FOR THE PAST TEN YEARS, BEGINNING 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.). If you need additional space, please use the separate employment record form provided.

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	POSITION
FROM: TO:		
FROM: TO:		
FROM: TO:		
FROM: TO:		
FROM: TO:		

(Circle One)

Do you have a criminal record? YES NO

If yes, please explain: _____

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

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, interview 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: _____

Do you have a valid driver's license? YES NO

If yes, give 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 the past three years? YES NO

If yes, give expiration date: _____

Bright From The Start: Georgia Department of Early Care And Learning requires annual childcare training. Are you willing to participate? YES NO

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

