



5341 Snapfinger Park Dr
 Decatur, Ga 30035
 www.EECA.com
 EducationElevationCA@gmail.com

APPLICATION FOR EMPLOYMENT

Date _____

Date available to work _____

Name: Last First Middle Home phone

Street Address City State Zip

Position desired _____ Hours desired _____ Full time__ Part time __ Substitute __

Birthdate _____ Social Security Number _____

If you are under age 18, 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:

Have you applied with us before? ___ Yes ___ No If so, when _____

Do you have relatives that are currently working for our program? ___ Yes ___ No

Education and Training (Attach documentation of qualifying education)

Name and address of school Degree, Diploma
 High School _____

College _____

Other _____

Have you completed courses providing specific training for early childhood education? Provide details.

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

Attach documentation of experience working with children

List any languages you can speak fluently (other than English):

List any other educational training experiences that you have had including opportunities to experience cultures other than your own.

List any books or articles that you have read recently that have helped you to grow professionally.

Are you certified by Georgia Professional Standards Commission or do you hold any teaching credential? If so, please list credential and renewal date

What level(s): early ed, grade level, primary, secondary? _____ Remains valid for _____ years.
Endorsement(s)

List semester hours in endorsement area(s)

✓Please request a sealed official transcript from each school be mailed to the school.
If you do not hold a certificate, what requirements do you need to complete?

*** Please attach photocopies of any certificates held.**

Have you had any courses in Philosophy of Education? If so, which philosophies, where and when?

If not, would you be willing to take such a course? Yes ___ No ___

List any conferences or seminars that you have attended, led or participated in the past three years.

Name the curriculum(a) you are most familiar with:

How has teacher evaluation impacted you or your students.

References

DO NOT INCLUDE PREVIOUS EMPLOYERS OR RELATIVES

Name	Address	Phone #	Occupation

Ten Year Employment Record

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, home with your children, unemployment, etc. If you need addition space please use separate employment record form.

May we contact previous employers? Yes No

Month/Year	Name, Address, Phone # of Employer	Position/Duties	Reason for Leaving
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			
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From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			

Background Information

Have you ever been convicted of a crime, including misdemeanors, other than traffic violations?

_____ If yes, explain in detail

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 (as evidenced by oral or written statement)? _____

If yes, explain in detail

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.

Please note any accommodations that may be necessary

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

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements. The state requires annual childcare training and we encourage additional hours of professional development .

Are you willing to participate? _____

Applicant's Certification And Agreement

I understand that **Education Elevation Children's Academy, LLC** does not discriminate in its employment practices against any person because of race, color, national or ethnic origin, gender, age, or qualified accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, 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. Under the Americans with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. 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. All paid and volunteer staff members must have a health appraisal before their first involvement in child care work. The appraisal should identify any accommodations required for the staff person to carry out assigned duties per that person's job description. I hereby certify that I have read the job description for the position for which I am applying, and am in all respects, able to adequately perform the essential functions and duties as described.

The pre-employment staff health appraisal must include

- i. Health history.
- ii. Physical examination.
- iii. Dental examination.
- iv. Vision and hearing screening.
- v. Results and appropriate follow-up of tuberculosis (TB) screening using the tuberculin skin test or interferon-gamma release assay once on entry into the child care field with subsequent TB screening as determined by a history of high risk for TB thereafter (eg, foreign born, history of homelessness, HIV infected, contact with a prison population or someone with active TB).
- vi. Review and certification of up-to-date immune status per the current adult immunization schedule on the CDC Web site at www.cdc.gov/vaccines. Any staff person who is not up to date with current recommended vaccines will be reminded that this is a job-related requirement. Unless an under-immunized employee or volunteer person has a medical exemption for a specific type of vaccine, failure to obtain the vaccines recommended by the CDC is grounds for termination.

I hereby certify that the facts set forth in this application process are true and complete to the best of my knowledge. I understand that falsification of any statement or a significant omission of fact may prevent me from being hired, or if hired, may subject me to immediate dismissal regardless of the time elapsed before discovery. If I am released under these circumstances, I further understand and agree that I will be paid and receive benefits only through the day of release.

I authorize **Education Elevation Children's Academy, LLC** to thoroughly interview the primary references which I have listed, any secondary references mentioned through interviews with primary references, or other individuals who know me and have knowledge regarding my testimony and work record. I also authorize the school to thoroughly investigate my work records and evaluations, my educational preparation, and other matters related to my suitability for the position.

I authorize references and my former employers to disclose to the school any and all employment records, performance reviews, letters, reports, and other information related to my

life and employment, without giving me prior notice of such disclosure. In addition, I hereby release the school, my former employers, references, and all other parties from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. I waive the right to ever personally view any references given to the school.

Since I will be working with children, I understand that I must submit to a criminal record check and possibly other federal and state authorities. I agree to fully cooperate in providing and recording as many sets of my fingerprints as are necessary for such an investigation. I authorize the school to conduct a criminal record check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background and other pre-employment screening information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or that it could reflect adversely on the facility or on me as a role model for the students. I understand that this is only an application for employment and that an employment position is not being offered at this time.

I am aware that before awarding the position, the **Education Elevation Children's Academy, LLC** will conduct the following pre-employment background check on all candidates:

- Social Security Verification;
- Prior Employment Verification;
- Education Verification all levels);
- Residence Verification;
- Criminal Background Investigation – Local, State, & Federal;
- Sexual Offender Database Search.

In addition, candidates for designated positions may also be subject to the following additional types of checks, depending on the requirements of the position:

- Motor Vehicle Record (drivers for field trip or other student transportation);
- Professional Reference Checks;
- State/Federal Civil Litigation, Lien & Judgments (administrative, finance and business office, etc.);
- Credit Verification (administrative, finance and business office, etc.);
- Corporate Filing and Status Search (administrative, consultants, etc.);
- Media Search;
- Professional Licensing Check (instructional, consultants, trainers, and the like).

Education Elevation Children's Academy, LLC will maintain a summary of job classifications and applicable categories of inquiry that may be amended as necessary by the school as needs and requirements may evolve.

I certify that all information on this application is correct. It is understood and agreed that any misrepresentation by me on this application will be sufficient cause for cancellation of the application process and/or separation from the company if I have been employed.

Applicant Signature _____ Date _____

PERSONAL PHILOSOPHY ESSAY QUESTIONS

* On separate paper please label and succinctly answer in one or two paragraphs three of the questions below.

Instructional staff

- A. What are your top three reasons for becoming a teacher?
- B. Why do you wish to teach at Education Elevation Children's Academy, LLC?
- C. What do you consider to be the most optimal environment for learning?
- D. What is your philosophy and practice of discipline?
- E. How much do you want to know about your students in order to be most helpful to them?
- F. What is your philosophy and practice regarding learning styles?
- G. What areas do you feel are your strengths? Weaknesses?
- H. What do you believe the role of the parent is in a child's education? How does your belief affect your interaction with parents?
- I. What are the four key components of an effective lesson plan?
- J. Please summarize any additional information that you would like to present regarding your candidacy for this position.

Support staff

- A. What are your top three reasons for going into this line of work?
- B. Why do you wish to work at Education Elevation Children's Academy, LLC?
- C. What are the **THREE** most important qualities you would want a school leader to recognize in you as a potential staff member? Please focus on personal and professional qualities, talents, or experiences unique to you and provide examples and other evidence to support these.
- D. As you search for employment, what are the top **THREE** characteristics you are looking for in a job or school?
- E. Please summarize any additional information that you would like to present regarding your candidacy for this position.

Criminal Background Check Procedure

Georgia law (O.C.G.A. Title 20-1A-30 et.seq.) requires satisfactory criminal records checks on employees of all child care facilities. Job applicants must submit a paper criminal record check application with the employment application. Download the form at <http://dec.al.ga.gov/documents/attachments/CriminalRecordCheckPaperApplication.pdf>

1. Register with Gemalto/Cogent at https://pci.aps.gemalto.com/gaper/pub/landing_page_1.pl
 - a. Click the DEPARTMENT OF EARLY CARE AND LEARNING (DECAL) button.
 - b. Click REGISTER TO BE FINGERPRINTED button.
 - c. The default language is English. You can choose another language if English is not your first language.
 - d. Read the Non-Criminal Justice Applicant's Privacy Rights and Privacy Act Statement. Check the box "I have read and accepted these terms" and Continue.
 - e. On the APPLICANT REGISTRATION page, complete all fields highlighted in yellow.
 - f. In the REASON drop down menu select "DECAL-Daycare Director/Employee (Note: Selecting the wrong REASON CODE will result in your fingerprints being rejected and you will lose your money if you fingerprint under the wrong code. DO NOT SELECT DECAL-Employment (State Employees) Reason Code.
 - g. Do Not Check the box "Fingerprint Card User". Gemalto/Cogent locations will not be able to do the LiveScan. This is only used for applicants that live outside the state of Georgia and cannot be fingerprinted at a Gemalto/Cogent location in Georgia.
 - h. Once you have completed the application, click the CONTINUE button.
 - i. Verify that all your information is correct, click the CONTINUE button.
 - j. You have reached the payment page. - For Credit Card Payments enter your credit card information and billing address information. - For Direct Bill Payments enter the paying agency information in the highlighted fields on the right side of the screen. - For Money Order Payments, purchase your money order in the amount of \$48.25 and pay this fee at an authorized Gemalto/Cogent location. (Note: Cash is not accepted at Fingerprinting Locations).
 - k. Click the PAY button to process your payment.
 - l. From the confirmation page print or e-mail a copy of your Registration Receipt to yourself. It contains the Registration ID (GA with 15 characters) which will be required for the DECAL Koala application and to show when you fingerprint.
2. Complete a Koala Application that gives DECAL the Legal Authority to read your results that are sent from Gemalto/Cogent and issue the determination letter. Only Use Internet Explorer when entering a DECAL Koala application. The Koala Application is completed by the licensed center or by the individual. The center will enter the electronic application in their DECAL Koala account. An individual can enter an application electronically and it is sent to the center for approval. The individual application process is:
 - a. Click on <https://decalkoala.com/CBCApplication>
 - b. You will search for the facility that you would like to work for. Only enter one field from the four options (Provider Number, Facility Name, Facility City, or Facility Zip). Entering multiple fields will really slow the search down!
 - c. Select your facility from the choices that are found.
 - d. You will now need your Gemalto/Cogent Registration ID (GA) for the application.
 - e. Complete the application.
 - f. Check the blue box and type your name.
 - g. Click "Authorize Comprehensive Background Check Application".
3. Go to an authorized Gemalto/Cogent Fingerprint Location to be fingerprinted.
 - a. You can find an authorized location at <https://www.aps.gemalto.com/ga/index.htm>
 - b. Under Helpful Links click on "Find A Fingerprint Location".
 - c. Click your region of the State and search by county.
 - d. Go get fingerprinted. If you have any questions please contact the DECAL's Criminal Records Unit at 1 (855) 884-7444.

LiveScan Procedures Revised 1/9/18

GEMALTO/COGENT APPROVED IDENTITY VERIFICATION DOCUMENTS *Gemalto/Cogent requires current, valid and unexpired picture identification documents

PRIMARY DOCUMENTS As a primary form of picture identification one of the following will be accepted at the Gemalto/Cogent Fingerprint Location:

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph
- Government Issued Employee Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

SECONDARY DOCUMENTS In the absence of one of the above Primary Documents, applicants may provide one or more of the following Secondary Documents, along with two of the supporting documents listed below:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

SUPPORTING DOCUMENTS Must be supported by at least two of the following:

- Utility Bill (with current address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Certificate of Naturalization (N550)
- Current Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

Criminal Records Check Requirements for CCLC and FCCLH Staff

Definitions: Director: On-site manager designated by the owner who is responsible for the supervision, operation and maintenance of the child care program. Provider: Person who is license to operate a Family Child Care Learning Home and who also primarily provides care to the children in the Home.

Employee: 17 years of age or older and Is employed by the child care program to perform duties which involve personal contact with children in the child care program or Is an independent contractor who offers consistent supplemental educational or physical activities for the children (examples: karate, dance, foreign language instructor) or Is a student-in-training or Who volunteers and performs consistent services for the child care program or Is person who lives at the child care program or Is employed by the child care program and may also have a child in care at the program.

Provisional Employee: Person other than director or employee and Whose duties involve personal contact with children in care and Who has received a satisfactory preliminary local records check determination and Is hired for a limited period of time (21 days)

Student-in-Training: Student enrolled in an educational course of study which requires the student to observe and participate in the care of children and Whose training is for a limited period of time, semester, etc. and Who must be under the direct supervision of child care program personnel. If 16 years of age or younger, no criminal records check is required.



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EMPLOYEE'S DOCUMENTATION CHECKLIST

Employee Name _____ Hire Date _____
Last, First, Middle)

Yes	No	N/A	Document
			Employment Application
			Copy of Valid Driver's License or state issued i.d.
			Copy of Social Security Card
			I-9 Employment Eligibility Verification
			W-4 Federal Withholding Form
			G-4 State Withholding Form
			Physical Examination/Health Assessment Form
			Education-Training Record Verification
			Qualifying Work Experience
			Orientation Training
			Criminal Records Check Application (date submitted _____)
			Fingerprints (date submitted _____)
			CPR Training, if any
			First Aid Training, if any
			Official College Transcripts
			Certification Credential Agency _____
			Direct Deposit Payroll Form
			Other Documentation (list):

 Date Employed Signature of Administrator/Person-in-Charge Date



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STAFF TRAINING RECORD

Employee Name _____ Hire Date _____
(Last, First, Middle)

Position _____

First Year of Employment

	Date	Approved Hrs	Source of Training	Required by position ✓	Documentation on file ✓
CPR					
First Aid					
Identifying, reporting, meeting the needs of abused or neglected children (2 hrs)					
Disease control, basic hygiene, cleanliness, illness detection and disposition (2 hrs)					
Childhood injury control (2 hrs)					
Food nutrition planning (preparation, serving, proper dishwashing, and food storage (administrated and cook 4 hrs)					
Fire Safety (5 hours)					
Transportation (2 hours)					
Nutrition (4 hours)					

Annual Training

Date	Competency	Approved Hours	Workshop/Session Title



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Employee Name _____
(Last, First, Middle)

DOCUMENTATION OF ORIENTATION TRAINING

✓	Subjects
	Program Philosophy of Education
	The school or center's policies and procedures
	Federal and state rules and regulations regarding child care, health and safety of children (Diapering, hand washing, playground, physical environment, emergency procedures, etc.)
	Assigned duties and responsibilities
	Reporting requirements for suspected cases of child abuse, neglect or deprivation; communicable diseases, serious injuries, and missing/lost children
	Emergency procedures (Bomb Threat, Fire Drill, Severe Weather, Death or Loss of Child, Serious Illness or Injury, Dangerous Persons, Chemical or Radiation Exposure, Shelter-in Place and Lock Down)
	Childhood injury control (e.g. medication administration, SIDS prevention, handwashing, fire and water safety, prevention of HIV/AIDS transmission, blood borne pathogens)
	First Year Training Requirement
	Approves training continuing education requirement (10 hrs)
	Annual calendar, work hours and schedule options, lunch schedules, leave policies, annual leave, sick leave, overtime and compensatory time and holidays. Time off request procedure.
	Tour location of telephones, mailboxes, time clock, copy machines, fax machines, restrooms, mop closet, laundry, playground, etc.
	Building/property security procedures esp. opening/closing duties
	Introductions to co-workers, supervisors, and managers, and explanation of the relationship of their work to the employee's.
	Telephone system/voice mail, computer and e-mail access, if applicable.
	Issue uniform, name tag, etc.

Employee Signature

Signature of Person conducting orientation

Date Orientation Completed

Date Orientation Completed

Child Care Staff Health Assessment

Employer should complete this section.

Name of person to be examined: _____

Employer for whom examination is being done: _____

Employer's Location: _____ Phone number: _____

Purpose of examination: pre-employment (with conditional offer of employment) annual re-examination

Type of activity on the job: lifting, carrying children close contact with children food preparation

desk work driver of vehicles facility maintenance

****Part I and Part II below must be completed and signed by a licensed physician or CRNP. ****

Based on a review of the medical record, health history, and examination, does this person have any of the following conditions or problems that might affect job performance or require accommodation?

Date of exam: _____

Part I: Health Problems (circle)

- Visual acuity less than 20/40 (combined, obtained with lenses if needed)?.....yes no
- Decreased hearing or difficulty functioning in a noisy environment (less than 20 db at 500, 1000, 2000, 4000 Hz)? .yes no
- Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)?.....yes no
- Heart, blood pressure, or other cardiovascular problems?yes no
- Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)?yes no
- Endocrine problems (diabetes, thyroid, other)?.....yes no
- Emotional disorders or addiction (depression, substance dependency, difficulty handling stress, other)? .yes no
- Neurologic problems (epilepsy, Parkinsonism, other)?yes no
- Musculoskeletal problems (low back pain or susceptibility to back injury, neck problems, arthritis, limitations on activity)? .yes ... no
- Skin problems (eczema, rashes, conditions incompatible with frequent handwashing, other)?..... yes no
- Immune system problems (from medication, inherent susceptibility to infection, illness, allergies)?..... yes no
- Need for more frequent health visits or sick days than the average person?..... yes no
- Other special medical problem or chronic disease that requires work restrictions or accommodation? yes no

Part II: Infectious Disease Status

Immunizations now due/overdue for:

- dT (every 10 years) yes no
 - MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957)..... yes no
 - polio (OPV or IPV in childhood)..... yes no
 - hepatitis B (3 dose series)..... yes no
 - varicella (2 doses or had the disease) yes no
 - influenza yes no
 - pneumococcal vaccine yes no
 - Female of childbearing age susceptible to CMV or parvovirus?..... yes no
 - Evaluation of tuberculosis status shows a risk for communicable TB?..... yes no
- Mantoux test date _____ Result _____

Tuberculosis transmission shall be controlled by requiring regular and substitute staff members and volunteers to have their tuberculosis status assessed with a one-step or two-step Mantoux intradermal skin test prior to beginning employment unless they produce documentation of the following:

- a) A positive Mantoux intradermal skin test result in the past, or
 - b) Tuberculosis disease that has been treated appropriately in the past.
- The one-step Mantoux intradermal tuberculin test shall suffice except that for individuals over 60 years of age or those who have a medical condition that reduces their immune response, the use of the two-step method is required. Individuals with a positive Mantoux intradermal skin test or tuberculosis disease in the past shall be evaluated with chest radiographs and shall be cleared for work by their physician or a health department official.

Please attach additional sheets to explain all "yes" answers above. Include the plan for follow up.

 (Date) (Physician or CRNP Signature) (Printed last name) (Title)

Phone number of physician or CRNP: _____

I have read and understand the above information.

 (Date) (Patient's Signature)

Pennsylvania Chapter, American Academy of Pediatrics. *Model Child Care Health Policies*. 3rd ed. Washington D.C: National Association for the Education of Young Children, 1997.