

Angel Academy
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Employment Application

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.)

Have you attended/completed any child care 10hrs training courses? (Circle One) YES NO
 If yes, please list: _____

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. (If additional space is needed use reverse side of this page.)

| Month/Year | Name and Address of Employer | Position | Starting & Ending Pay Rate |
|------------------------|------------------------------|----------|----------------------------|
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |
| From _____ To _____ | | | |

May we contact your previous employers? (Circle One) YES NO

Do you have a criminal record? (Circle One) 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? (Circle One) 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 requirements 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? (Circle One) YES NO If no, please explain: _____

Do you have a valid driver's license? (Circle One) YES NO
If yes, give license number and class of license:

Have you had CPR training within the past two years? (Circle One) YES NO
If yes, give expiration date(Attach copy of certification to this record):

Have you had first aid training within the past two years? (Circle One) YES NO
If yes, give expiration date(Attach copy of certification to this record):

The Department of Human Resources requires annual child care training, are you willing to participate? (Circle One) YES NO

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

Applicant Signature

Date

(For office use only)
Applicant Interview Date: _____ Interviewed by: _____

Applicant hire date, if applicable: _____

Date verification of satisfactory criminal records check received (keep in employee record: ___/___/___)

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

Facility's Policies and Procedures

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities
- 2. Physical environment and equipment
- 3. Emergency situations
- 4. Food service and nutrition

Employee's Assigned Duties and Responsibilities

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation
- 2. Communicable Disease
- 3. Serious Injuries

Emergency Weather Plans

Childhood Injury Control

The Administration of Medication

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS)

Hand Washing

Fire Safety

Water Safety

Prevention of HIV/Aids and blood borne pathogens

Approved Child Care Training Requirements

Other (list)

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date:

Date: