



*Rising Phoenix Enrichment Program, INC*  
**Employment Application**

Full Name:	Home Ph:	Cell Ph:
Current Address:	DOB:	
Soc. Sec. #:	Driver's Lic#:	Email:

Thank you for choosing Rising Phoenix Enrichment Program, INC in your career path. We are dedicated to hiring professionals who are energetic, motivated, and possess integrity. Rising Phoenix EP is an Equal Opportunity Employer. Applicants must show they understand and are able to meet the following requirements for employment by *initialing each item below*.

- If you are under age 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?
- If yes, what kind of Visa classification do you have? \_\_\_\_\_ Visa Registration Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_
- Will submit to drug and alcohol testing as required
- Will complete a criminal background check
- Has bond or security clearance ever been denied and/or canceled?
- If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION**

Employment Desired:  Full-time only     Part time only     Full or Part time     On Call

Position Desired: \_\_\_\_\_

Hourly Rate Desired: \_\_\_\_\_

Hours available: Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

Are you seeking temporary or permanent work? \_\_\_\_\_

**EXPERIENCE WITH GROUPS OF CHILDREN** (Attach documentation of experience working with children)  
 (Indicate ages of children, your duties, dates of time you worked in this position reasons for leaving)

EDUCATION (ATTACH DOCUMENTATION OF QUALIFYING EDUCATION) PLEASE INCLUDE THE NAME OF THE SCHOOL, DATES ATTENDED AND WHETHER YOU OBTAINED A DIPLOMA, CERTIFICATE, OR DEGREE

ELEMENTARY	SECONDARY	COLLEGE	OTHER

QUALIFYING WORK EXPERIENCE (COMMENSURATE WITH POSITION)

Have you attended/completed any child care training courses? Yes or No, if Yes list:

\_\_\_\_\_

\_\_\_\_\_

Child Development Associate Certification \_\_\_\_\_

List courses completed or relevant childcare training (CPR, First Aid, Child Development, etc.): \_\_\_\_\_

\_\_\_\_\_

List other skills, vocational, and technical training \_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY (please list employment history for the past 10 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 the time, e.g. student, housewife, unemployed, etc. If you need additional space please use a separate employment record form.)

Begin/End Date	Begin/End Salary	Employer/Address	Supervisor's Name & Ph:	Your title and duties	Reason for leaving

OFFENSES – Criminal background checks will be conducted on all applicants.

Have you never been shown by credible evidence, e.g. a court 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 as evidenced by an oral or written statement to this effect obtained at the time of application? Yes or No

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. \_\_\_\_\_

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 Learning requires annual child care training, are you willing to participate? YES NO

Do you have a criminal record? If yes, explain \_\_\_\_\_

I hereby certify that all information contained in this application is true and correct. I understand that any misrepresentation, falsification, or consequential omission of information may render this application void, or if employed may result in immediate termination. I further consent and agree to submit to any job related medical exams or drug tests that might be required and agree to provide any information that may be needed to facilitate such tests. I authorize the individuals and institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

\_\_\_\_\_  
Printed name/Signature of Applicant

\_\_\_\_\_  
Date

**Office Use Only:**

Date Submitted:	Time:	Position:
Director Proceed + or - Interview:	Date Hired:	



