



Candy Cane's Learning Center
404 S. Martin Luther King JR DR
Adel GA 31620
229-375-0020

Candy Cane's Daycare
319 S. Martin Luther King JR DR A
Adel GA 31620
229-375-0020

IN-TAKE APPLICATION

PERSONAL INFORMATION

Name _____	Date _____
Last First Middle Maiden	
Present address _____	
Number Street City State Zip	
Marital status: _____	Telephone (____) _____
E-mail _____	Emergency Contact/Phone#: _____
Date of Birth: _____	Social Security Number _____

EMPLOYMENT DESIRED

Position(s) applied for: → Lead Teacher → Asst. Teacher → Floater → Cook → Part-time → Full-Time

Employment desired → FULL-TIME ONLY → PART-TIME ONLY

When are you available to start work? → Immediately → Other (Explain) _____

If you are under the age of 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 _____

Have a bond or security clearance ever been denied and/or cancelled? YES NO

If yes, please explain: _____

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL & LOCATION	QUALIFICATION OBTAINED	MAJOR & SPECIALISATION	NUMBER OF YEARS COMPLETED
High School				
College/ university				
Professional or Graduate School				

Attach documents of experience working with children.

Have you attended/completed any childcare training courses?

YES

NO

If yes list.

Write a paragraph explaining why you would like to work in the childcare industry. Be specific about your skills and what you have to offer to a prospective employer.

What age group would feel most comfortable working with and why?

Learning Center, LLC.

WORK EXPERIENCE

Please list your work experience for the past 10 years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

1. Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

2. Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Learning Center, LLC

3. Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

4. Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Learning Center, LLC.			

Are you currently employed? → Yes → No
 May we contact your present employer? → Yes → No
 Did you complete this application yourself? → Yes → No
 If not, who did? _____

5. Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed? → Yes → No
 May we contact your present employer? → Yes → No
 Did you complete this application yourself? → Yes → No
 If not, who did? _____

Have you ever been convicted/charged of a felony or any other crime? → Yes → No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been employed with this company? → Yes → No

If yes, when? _____

Do you have any friends or relatives employed by this company? → Yes → No

If yes, please provide their names and relationship to you. _____

REFERENCES

Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

1. Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
2. Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
3. Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

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 training date: _____

Have you had first aid training within the past three years? YES NO

If yes, give training date: _____

Bright from the Start: Georgia Department of Early Care 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: _____



APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job referral application by Candy Cane Learning Center –(CCLC”), Candy Cane’s Daycare I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall they serve to create an actual or implied contract of employment, or to confer any right to remain an employee of CCLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and/or the employing agency, and that relationship cannot be altered except by a written instrument signed by the President /Owner of the Company. Both the undersigned and CCLC may end the employee relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the CCLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.

I further understand that my employment CCLC, shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment referral relationship with the Company is terminable at will for any reason by either party.

Signature_____

Date_____