## **EMPLOYMENT APPLICATION NEWNAN**

## Kids 4 Kompany Learning Academy 615 Greison Trail Newnan, GA 30263 Employment Application

APPLICANT DATA				Date	
Name (First)	(Middle)	(Last)	Spouse's Nam	e	
Home Address	City	State , Zip Code	Home Phon	<u> </u>	Cell Phone
Birthdate	Last Four So	cial Security#		E-mail address	
Emergency Contac	ct Name	Address City,	State, Zip Code	Phone Number	
Are you either a U	.S. citizen or an ali	en authorized to	work in the U.S.?		
If yes, what kind o	f Visa classificatior	າ?			
Visa Registration N	lo	Expir	ation Date		
Has bon or securit	y clearance ever b	een denied and/o	or cancelled?		
Have you ever bee	en convicted of a fe	elony or misdeme	anor? YES	NO	
If yes, explain:					
Have you ever bee other reliable evid person to serious i or written stateme	ence to have abus injury as a result o	ed, neglected or of the state o	deprived a child o	or adult or to have hisconduct as evic	e subjected anu
If you are under ag	ge 18, can you sub	mit a work permi	t if hired?	<del></del>	
Under the America individuals with a process, any pre-e supervisor is made accommodation, y inform the program are applying.	disability. The rea mployment testing e aware that an aco you may request it	sonable accommon g, interviews, and commodation is r at any time durin	odation requirem lactual employm equired. If you a lig the interview p	ent applies to the ent, but only if th re disabled and re rocess. You are o	e application le program equire obligated to

	iption for the position for whice duties as described?		, are you in all respects, able					
If no, please explain			·					
POSITION								
Type of position desired:	Type of position desired: full time part time temporary seasonal							
KIDS 4 KOMPANY DOES NOT PROVIDE CHILDCARE FOR EMPLOYEES.								
Position Desired Date available to start work								
Salary Requirement Hours you are available to work								
Can you be flexible with t	hese hours? Yes No							
How many children do yo	u feel comfortable teaching at	one time and wha	t age group?					
What are some activities you would do with any age group if you were hired?  Are you familiar with Bright From the Start GELDS or the concept of learning centers in a classroom?  Yes No  If so, name the centers that you have had in the classroom throughout your previous teaching experiences.  Who referred you to us? Online Ad Walk-In Friend College Other								
Education (Attach documentation of qualifying education)								
	Place	Years Comp.	Diploma, Cert./Degr					
High School								
College								
Qualifying Work								
Evnorionco								
Experience  Qualifying Work								

## **Employment Record**

## **Record of Employment Past 10 years**

Month/Year	Name and Phone Number of Employer	Position	Reason for Leaving				
May we contact previou	s employers?						
<b>REFERENCES</b> Two (2) of the references must be from previous supervisors.							
Name	Address	Address Phone numb					
application is correct. I l By signing this application	this application by electronic meanave not given any false statemen on electronically, I understand tha ed in the same way as a written s	it concerning my t an electronic si	qualification requirements.				
Signature		 Date					

CLICK BELOW TO SUBMIT