

OPEN ARMS LUTHERAN CHILD DEVELOPMENT CENTER
 4655 WEBB BRIDGE ROAD, ALPHARETTA, GA 30005
 770.475.6570 FAX 770.475.2219

APPLICATION FOR EMPLOYMENT

Application date: _____ Date available to start: _____

Name: _____ Social Security # _____

Home Address: _____ Home Phone # _____
street address

city, state, zip

Name of person to be contacted in the event of an emergency:

name	relationship	address
	business phone	home phone

EDUCATION:

high school	address	to	_____	dates attended	years completed
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college	address	to	_____	dates attended	years completed
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degree	special training/technical school
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EMPLOYMENT HISTORY:

MB#462, State of Georgia, requires past 10-year employment history for employment by a childcare center.

Name & address of employer	Business phone	Position held	Salary	Employment from	to
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If insufficient space here, please continue on back...

Personal references: (3)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check appropriate lines below:

___ I have worked with children (describe your duties, including ages of children/duration)

___ Play a musical instrument (name of instrument) _____

___ Lead group singing

___ Can teach handicrafts (name crafts)

___ Tell children's stories

___ Drive a car Driver's license # _____ State issued in _____

___ Typing w.p.m. _____

___ other skills

Teaching philosophy:

List and explain 5 characteristics of a good caregiver of young children:

- * _____
- * _____
- * _____
- * _____
- * _____

How do you discipline children?

Do you have a chronic or recurring illness that would keep you from performing the normal duties associated with the position for which you are applying? If so, what:

By my signature on this form, I authorize you to contact my former employer and personal references for information concerning my work record, integrity, and reliability.

_____ date

applicant's signature

To be completed by applicants to Open Arms
Lutheran Child Development Center -

Name: _____ Date: _____

Please complete the following:

(1) How would your supervisor and co-workers at your last job describe you? _____

_____.

(2) What professional accomplishment are you most proud of?

_____.

(3) If you were choosing a center for your child, what would you look for? _____

_____.

(4) Describe a situation where you planned an activity for young children that didn't work out. What did you learn from the experience.

_____.

(5) What positive things do you feel you would bring to the 'family' of Open Arms? _____

_____.