



**Keeping It Positive Learning Academy L.L.C.  
1920 Veterans Memorial Hwy  
Mableton GA, 30168  
770-672-7800 or fax 770-672-7801**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

How were you referred to Company? : \_\_\_\_\_

Employment Positions \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

What days and hours are you available \_\_\_\_\_

If hired, on what date can you start working? \_\_\_ / \_\_\_ / \_\_\_

**Personal Information:**

Have you ever applied to work for this Company  Y or  N  
If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for Company  Y or  N  
If yes, state name & relationship: \_\_\_\_\_

Do you have a valid driver's license?  Y or  N

If hired, would you have transportation  Y or  N

Are you over the age of 18? (If under 18 verification is require)  Y or  N

**An Equal Opportunity Employer**

Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.



If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?  Y or  N

If hired, are you willing to submit to a controlled substance test?  Y or  N

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Y or  N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

*(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

### Education, Training and Experience

#### High School:

School name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

School address: \_\_\_\_\_ Did you graduate  Y or  N

School city, state, zip: \_\_\_\_\_ Degree / diploma earned: \_\_\_\_\_

#### College / University:

School name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

School address: \_\_\_\_\_ Did you graduate  Y or  N

School city, state, zip: \_\_\_\_\_ Degree / diploma earned: \_\_\_\_\_

Vocational School Name: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Address: \_\_\_\_\_ Did you graduate  Y or  N

City, state, zip: \_\_\_\_\_ Degree / diploma \_\_\_\_\_

#### Military Branch:

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

Do you speak, write or understand any foreign languages?  Y or  N If yes, describe which language(s) and how fluent of a speaker you consider yourself.  
\_\_\_\_\_

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Do you have any other experience, training or qualifications:  
| | Y or | | N If yes, please explain

\_\_\_\_\_

Employment History

Are you currently employed? | | Y or | | N

If you are currently employed, may we contact your current employer | | Y or | | N

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? | | Y or | | N

Name of Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? | | Y or | | N

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Address: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Length of Employment (Include Dates): \_\_\_\_\_

Position/Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references? | | Y or | | N

Have you attended/completed any childcare training courses? | | Y or | | N

The Department of Human Resources requires annual childcare training. Are you willing to participate? | | Y or | | N

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Have you had CPR training within the past two years?  Y or  N

Have you had first aid training within the past three years?  Y or  N

Please explain any experience you may have working with groups of children:

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Have you ever been shown any 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 to any person to serious injury as a result of intentional or gross negligent misconduct?  Y or  N

**ACKNOWLEDGEMENT AND AUTHORIZATION.** I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. An applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer. Keeping it Positive Learning Academy, may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization. I understand and acknowledge that, all potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status the presence of a non-job related handicap or any other legally protected status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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