

Children Unique Christian Daycare Center



Mission Statement

Children Unique Christian Daycare Center, Inc.'s primary purpose is to provide childcare creating a qualitative, learning, nurturing, and safe environment geared toward the development of the "whole child".

Date _____
Phone _____

Position Desired _____
Interview by _____

Name (First) (Middle) (Last)

Home Address, City, State, ZIP

Birth Date Social Security Number

(Circle One)
If you are under age 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 _____

Has bond or security clearance ever been denied and/or canceled? YES NO

If yes, please explain: _____

Education (Attach documentation of qualifying education)

Elementary _____

Secondary _____

College _____

Other _____

Experience with groups of children

(Indicates ages of children, your duties, dates of time you worked in this position, reasons for leaving)

Attach documentation of experience working with children.

(Circle One)
Have you attended/completed any child care training courses? YES NO

If yes, list: _____

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 with 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

I certify that all information on this application is correct. I have not given any false statement concerning my qualification requirements.

SIGNATURE _____ DATE _____

CHILDREN UNIQUE
EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Information

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Information

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Information

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Please check one (1) of the responses below.

_____ I have voluntarily provided the above contact information and authorize Children Unique to contact any of the above on my behalf in the event of an emergency.

_____ I choose not to provide any emergency contact information to Children Unique at this time.

Employee Signature _____ Date _____