



# Child Care Systems of America, Inc.



Hospi-tots  
Columbia, TN 38401  
Tel. 931-380-2920  
stankersley@hospitots.info

THE Children's Academy at Franklin  
Franklin, TN 37069  
Tel. 615-790-2273  
acormier@childrensacademytn.com

THE Children's Academy at Spring Hill  
Spring Hill, TN 37174  
Tel. 615-302-0950  
rbrock@childrensacademytn.com

Little Sprouts  
Columbia, TN 38401  
Tel. 615-398-2323  
Nbone@littlesproutsdc.info

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, gender, creed, national origin, age, marital or veteran status, the presence of non-job related physical or mental condition or disability.

Position(s) Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

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

City

State

Zip

Telephone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Are you 18 or older?  Yes  No

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you available to work?

Full Time  Part Time

Total hours available per week \_\_\_\_\_ Date Available: \_\_\_\_\_

Time	Mon	Tues.	Wed.	Thurs.	Fri.
From	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
To	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Are you legally eligible for employment in this country?  Yes  No

*(Proof of citizenship or immigration status will be required upon employment)*

Have you ever been convicted of a felony?  Yes  No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

# Employment Experience

Start with your present of last job. Include all employment experience during the last 5 years. Include military service assignments and volunteer activities. Do not include organizational names which indicate race, color, religion, gender, natural origin, disabilities or other protected status.

Employer: _____ Telephone: _____ Address: _____ _____ Job Title: _____ Supervisor Name & Title _____ Reason for leaving: _____ _____ _____	<b>Dates Employed</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">From</td> <td style="width: 50%; text-align: center;">To</td> </tr> <tr> <td style="text-align: center;">Click or tap here to enter text.</td> <td style="text-align: center;">Click or tap here to enter text.</td> </tr> </table>	From	To	Click or tap here to enter text.	Click or tap here to enter text.	Summarize the nature of the work performed and job responsibilities _____ _____ _____ _____ _____ _____ _____ _____ _____
From	To					
Click or tap here to enter text.	Click or tap here to enter text.					
	<b>Hourly rate/salary</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Starting</td> <td style="width: 50%; text-align: center;">Final</td> </tr> <tr> <td style="text-align: center;">Click or tap here to enter text.</td> <td style="text-align: center;">Click or tap here to enter text.</td> </tr> </table>	Starting	Final	Click or tap here to enter text.	Click or tap here to enter text.	
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Click or tap here to enter text.	Click or tap here to enter text.					

# Education

	High School	College/Technical/Business	Graduate
School Name and Location	_____	Click or tap here to enter text. _____	_____
Years Completed (Check)	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree Describe Course of Study	_____ _____	_____ _____	_____ _____
Describe Specialized Training, Apprenticeships, Skills, Extra-Curricular Activities _____ _____ _____			
Have you completed the TECTA orientation? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when? _____			
Have you taken any CDA or equivalent courses? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when? _____			
<i>Verification of educational information will be required</i>			

# Additional Information

State any additional information you feel may be helpful to us in considering your application.

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# References:

List the name, address and telephone number of at least three references who are not related to you and are not previous employers.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that an investigation of all statements contained in this application for employment will be conducted to include at minimum: personal and business references; employment history for the last 5 years; education/technical training; and military service.

In the event of employment, I understand that false, misleading or omitted information given in this application or interview(s) is grounds for discharge in accordance with company policy. I further understand that I will be required to participate in post-employment testing, physical examination, a criminal background investigation and may be required to submit to a drug test and that continuation of employment is contingent on successful completion of all. I also understand that I am required to abide by all rules and regulations of the company including those related to drug and alcohol free workplace program and the smoke free workplace policy.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature. This means that the employee may resign at any time and the employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any statement (express or implied), written document, or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that all newly hired employees must serve a ninety (90) day probationary period.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **Authorization to Release Employment Information. Consent and Waiver for Laboratory Testing.**

I authorize the employers and references listed herein to provide any and all information pertaining to my employment, and any other pertinent information they may have, personal or otherwise.

I hereby release all parties from liability for damages of any kind because of compliance with this authorization. Further, I hereby authorize and give full permission to have the company's medical provider, their staff, and their associates send a specimen of blood and urine to a laboratory for screening tests for the presence of substances including but not limited to narcotics, marijuana, alcohol, drugs, and amphetamines. I authorize these results, good or bad, to be given to company management.

I will hold all parties concerned harmless and waive any legal rights for any alleged harm to me or for interfering with my ability to be hired or retain my job as a result of non-submission to the tests or the test reports. This includes possible clerical or laboratory error.

This was explained to me clearly, in words I understood. Any questions I had about the test were answered. I understand this is a legally binding agreement, on the basis of which the company is sending me for and paying the cost.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This application form must be completed in full, signed and dated.  
Incomplete applications will not receive consideration.  
Completed applications may be emailed to the location listed at the top.**

# Application Additional Questions

1. **Tell me about your most recent experience working with young children:** \_\_\_\_\_

2. **How many total years' experience do you have working with young children?** \_\_\_\_\_

3. **What do you consider to be your teaching strengths?**  
\_\_\_\_\_

4. **When working with others, what is your most outstanding capability?**  
\_\_\_\_\_  
\_\_\_\_\_

5. **What is you could choose any age group, which would you choose and why?**  
\_\_\_\_\_  
\_\_\_\_\_

6. **Are you willing to work with any age group not being interviewed for?**  Yes  No

7. **Our hours of operation are Mon-Fri 6:30am-6:00pm.**  
**Are there any hours you can not work?**  Yes  No

8. **Have you ever written lesson plans before?**  Yes  No  
**If yes, for what ages?** \_\_\_\_\_

9. **What rate of pay are you expecting?** \_\_\_\_\_

10. **What makes you a prime candidate for THE Children's Academy?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Office Use Only

Date application received: \_\_\_\_\_

1<sup>st</sup> Interview Scheduled: \_\_\_\_\_

2<sup>nd</sup> Interview Scheduled: \_\_\_\_\_

References Checked: \_\_\_\_\_

O  D  R

Notes:

Positions Available:

Hours Needed: