APPLICATION FOR EMPLOYMENT

The Diamond Child Development Center
115D Macedonia Road
Gaffney, SC 29341

Application Date: _____

PERSONAL INFORMATION

Full Name: _____
First Middle Last Prefers to be Called

Address: _____
Street City State Zip Code

Phone: _____ SS#: _____ Birthdate: _____

Email: _____ Marital Status: _____

Emergency Contacts: _____ Phone: _____ Relation: _____

_____ Phone: _____ Relation: _____

Are you related to a current or former employee of the Diamond? ❑ Yes ❑ No If yes, who?_____

PLEASE NOTE: The answers to the following questions MAY or MAY NOT prevent hiring, please be thorough and honest in your answers. Central Registry, SLED & Criminal Background Checks, a Medical Physical performed by a Doctor and a Negative TB Test are required prior official hire. If it is determined that you have not been honest, your employment may be terminated.

Have you ever been arrested or convicted of a crime? ❑ Yes ❑ No If yes, give date and details of incident:_____

_____

_____

Have you ever had **ANY** issue with DSS, DHEC, Child Protective Services or any other agency in any state? ❑ Yes ❑No
If yes, give date and details of incident:_____

_____

_____

Are you currently under a doctor's care or have a physical or emotional medical situation that may prevent you from being able to perform the duties required in this position? ❑ Yes ❑ No If yes, please explain: _____

_____

_____

Do you have reliable transportation to and from work? ❑ Yes ❑ No If no, explain:_____

_____

Will you need to place a child/children for care here at the Diamond within the next 12 months? ❑ Yes ❑ No If yes, list ages/start dates: _____

EDUCATION INFORMATION

You MUST provide a copy of your Diploma or GED in order to be hired

High School Attended _____ Received ❑ Diploma ❑ GED Year: _____

College(s) Attended_____ Dates: _____ Degree/Major: _____

EMPLOYMENT INFORMATION & HISTORY

When can you start: _____ Hours available to work: _____

Why are you interested in working at The Diamond? _____

_____

Most Recent Employer _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment _____ to _____ Reason for leaving: _____

_____

Most Recent Employer _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Dates of Employment _____ to _____ Reason for leaving: _____

_____

ACKNOWLEDGEMENTS

My signature below indicates that I understand and agree to the following:

- A Clear Central Registry and Criminal Background checks are required.
- A Diploma/GED, Doctor's Physical, and Negative TB Test are conditions of my employment and if hired I will be responsible for obtaining these at my own cost and on my own time.
- CPR and FIRST AID and 15 hours of continuing education are conditions of my employment and if hired I will be responsible for attending courses arranged by The Diamond on my own time.
- If I terminate my employment with The Diamond within six (6) Months of my hire date, any costs associated with my hiring will be deducted from my finial check.
- All information on this application is true and correct, if any information is found to be false, my employment may be terminated immediately.

Signature: _____ Date: _____

Office Use Only

Start Date: _____ Door Code: _____ Endeavors # _____

Termination Date: _____ Reason: _____

_____

_____

Notice? _____ Eligible for Rehire: _____ Rehire Date: _____

Starting Pay: $_____

Increase/Date		Increase/Date	
$_____	_____	$_____	_____
$_____	_____	$_____	_____
$_____	_____	$_____	_____
$_____	_____	$_____	_____
$_____	_____	$_____	_____