

**Smart Start**

**Early Care and Education Substitute Teacher Program**

**Internal use only**

Date received: \_\_\_\_\_ Class Location: \_\_\_\_\_ Date: \_\_\_\_\_  
Date accepted: \_\_\_\_\_  
Date denied: \_\_\_\_\_ Reason: \_\_\_\_\_ Participant Status: \_\_\_\_\_  
Confirmation Letter mailed: \_\_\_\_\_ CRC Status: \_\_\_\_\_  
Participant confirmed attendance: \_\_\_\_\_

**Application for Smart Start Early Care and Education Substitute Teacher Program**

All potential employees are evaluated without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of non-job related handicap or any other legally protected status. Please answer every question. Please use ink and print clearly. You may fill out the application online and submit electronically but must still sign and complete the 2 last pages, and submit via fax or mail.

Date of Application \_\_\_\_\_

**PERSONAL**

Name:		Social Security #:
Current Address:		
City:	State:	Zip:
<b>Email:</b>		
Preferred City/date of Training:		
Phone Numbers: (Home)	(Cell)	(Other/Pager)
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of U.S. citizenship or immigration status will be required upon employment		
Referral Source/How did you hear about this program?		
<input type="checkbox"/> Web Page <input type="checkbox"/> Walk In <input type="checkbox"/> Resource & Referral Agency <input type="checkbox"/> Advertisement		
<input type="checkbox"/> Employee/Previous Attendee <input type="checkbox"/> Other		

NOTE: Your social security number is used for internal processing only. It will not be available to viewers of the website or given to any outside source.

- Please check here** indicating that you agree that use of the Smart Start Substitute Teacher Program is strictly voluntary. All users agree to indemnify and hold harmless Smart Start and United Way of Metropolitan Atlanta.
  
- Please check here indicating that you have read and understand the information provided in the mailing attached to the application regarding the Smart Start Substitute teachers, our project, and your agreement to indemnify and hold harmless Smart Start and United Way of Metropolitan Atlanta. Placing a check on this box constitutes your agreement that you read, and agree with, the terms of this indemnification and hold harmless provision.

**(Please read and check the statements above)**

NOTE: Your e-mail address will be used as your user id on the substitute website.

Why are you interested in participating in our substitute teacher program? (Check all that apply)

- Steady part time work  Seeking full time teaching position  Currently studying in early childhood education
- Considering attending school in education  Flexibility of substitute teacher work schedule
- Other \_\_\_\_\_

## TYPE OF EMPLOYMENT FOR SUBSTITUTE TEACHER PROGRAM

When can you be available?

<input type="checkbox"/> Half Day (9 am – 2 pm) 4-5 hour shift	<input type="checkbox"/> Full Day (7 AM –7PM) 8 hour shift
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Please check answers

Can you work a **minimum** of 4 days per month?  Yes  No

What days are you available?  Mon  Tue  Wed  Thurs  Fri

Are you interested in substituting more that 4 days per month?  Yes  No  
If yes, fill in expected # of days per month \_\_\_\_\_

Can you be available with less than 24 hours notice?  Yes  No

What Counties are you willing to substitute in?

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Do you have experience working with small children?  Yes  No

What is your previous work experience with young children (birth to 5 years)?  
 Parent/grandparent  Teacher  Nanny  Babysitter  Camp Counselor  Other

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What ages have you worked with?  0-1 yr.  1-2 yr.  2-3 yrs.  3-4 yrs.  4-5 yrs.

What ages do you prefer to work with?  0-1 yr.  1-2 yr.  2-3 yrs.  3-4 yrs.  4-5 yrs.  
 (Please note that limiting the ages you will work with may limit your work opportunities)

Why are you interested in substituting in a childcare facility?

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## EDUCATIONAL BACKGROUND

	Name and Address of School	Major/Degree	Dates Attended	Degree/Certificate Received
Graduate				
College				
Business/Trade Technical				
High School				

Summarize any special skills and qualifications:

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## EMPLOYMENT HISTORY

Begin with the most recent

1. Name:
Address:
Telephone:
Supervisor's Name and Title:
Dates of Employment: From _____ To _____
Summarize Job Responsibilities:
Reason for Leaving:
2. Name:
Address:
Telephone:
Supervisor's Name and Title:
Dates of Employment: From _____ To _____
Summarize Job Responsibilities:
Reason for Leaving:
3. Name:
Address:
Telephone:
Supervisor's Name and Title:
Dates of Employment: From _____ To _____
Summarize Job Responsibilities:
Reason for Leaving:

## REFERENCES

List the names and phone numbers of three references that are **NOT RELATED TO YOU AND NOT PREVIOUS SUPERVISORS**. Please notify references that they will be called. Verify phone numbers are in good working order and include day or cell # when possible.

	Reference #1	Reference #2	Reference #3
Name			
Address			
Phone			
Occupation			
Relationship/ Connection			

Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever pled no contest, nolo, or guilty to a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any charges currently pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How long have you been a GA resident?	<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2 years or more
<b>Previous Out of State Address</b>			

I certify that my answers are true and complete to the best of my knowledge. \_\_\_\_\_ (Initial)

I fully authorize you to make criminal and background checks and inquiries. I understand and agree that my participation in the Smart Start Substitute Teacher Program is contingent on my successful compliance with employment eligibility verification and with the Immigration Reform Control Act.

I hereby release Smart Start and United Way of Metropolitan Atlanta, all current and former employers, schools or other persons from all liability in responding to inquiries in connection with my application.

The Smart Start Early Care & Education Substitute Teacher Program supports a **zero tolerance policy**. Anyone convicted of a misdemeanor or felony in federal, state, superior or traffic court in Georgia or in another state, will not be eligible for participation in the substitute teacher program.

In the event I become employed, I understand that false or misleading information given in my application or interview(s) may result in removal from the Smart Start Substitute Teacher list.

**Please read each statement below and check the accompanying box that you understand and agree with the program guidelines as outlined below:**

- I understand that in order to successfully complete the week-long Smart Start Early Care and Education Substitute Teacher Program course and to be eligible to substitute teach, **I will agree to arrive to session on time and leave at the end of day's session.** (Those who arrive late (30 or more minutes) or depart early (30 or more minutes) on any day of the course will be terminated from the program).
- I understand that in order to participate in the Smart Start Early Care and Education Substitute Teacher Program, **I will agree to substitute a minimum of FOUR days a month (that service can be in either half day or full day).** I further acknowledge that if I am called for work, I will respond to the call. If I agree to take an assignment and fail to show up, I can be removed as an active substitute teacher with the Smart Start Early Care and Education Substitute Teacher Program.
- I understand that in order to be a participant in the Smart Start Early Care and Education Substitute Teacher Program and an eligible substitute teacher, **I am required to be 18 years or older and have a minimum education of a high school diploma or GED.**
- I understand that by submitting this application, I am giving permission for my name, contact information, and educational background to be available to possible employers via the website and in paper, and for demographic and tracking information for Smart Start and its staff. I also understand that my social security number will not be accessible to possible employers on the website.
- I further understand that if I am hired as a result of completing the Smart Start Early Care and Education Substitute Teacher Program and/or working an eligible substitute teacher for Smart Start, **I will update my profile on the website and list myself as inactive until my employment status allows me to become active again as a substitute teacher.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**MAIL OR FAX COMPLETED & SIGNED APPLICATION WITH CRIMINAL HISTORY CONSENT FORM TO:**

Hollie Pavloff  
c/o Smart Start  
100 Edgewood Avenue N.E., 2nd Floor, Atlanta, GA 30303  
Phone (404) 614-1020 – H. Pavloff or (404) 527-3632 – Andrea Irvin  
**FAX (404) 507-1681 or (404) 527-3560**

BE SURE THAT YOU HAVE COMPLETED ALL SECTIONS & SIGNATURES BEFORE SENDING APPLICATION & CRIMINAL BACKGROUND CONSENT FORM **INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

# CHAMBLEE POLICE DEPARTMENT

## CRIMINAL HISTORY CONSENT FORM

I HEREBY AUTHORIZE SMART START TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR ANY LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA, OR IN ANY OTHER STATE, OR IN THE FEDERAL GOVERNMENT OF THE UNITED STATES OF AMERICA, OR ANY OTHER NATION, OR THROUGH THE GEORGIA CRIME INFORMATION CENTER ("CRIMINAL HISTORY RECORDS").

All of the following information is required

Full Name (Print)

Street Address

City

State

Zip Code

Telephone Number

Date of Birth

Social Security Number

Sex

Race

Driver's License Number  
(use State ID number if you do  
not have a driver's license)

State

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.)
- I, \_\_\_\_\_ given consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

CH CLERK: \_\_\_\_\_ DATE: \_\_\_\_\_