

ACCENT on Children's Arrangements, Inc. Employment Application

Please Return Application to:

Via mail:
 ACCENT on Children's Arrangements, Inc
 615 Baronne Street, Suite 303
 New Orleans, Louisiana 70113

Via Fax:
 504-524-1229

Via E-mail:
alpelaez@accentoca.com

CAREGIVER INFORMATION

Please Print Legibly

Last Name	First Name	Middle Initial	Date
Full Street (Mailing) Address (including Apt. Number)		City	State
			Zip
Social Security Number	Day Telephone	Evening Telephone	Fax Number
Available Starting Date	Hours Available to Work	Days Available to work	
21 years of age or older	Are you legally eligible to work in the United States	Can you provide proof?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you provide your own method of transportation to/from the programs?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a Misdemeanor or a Felony?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain			
Are you able to perform the Requirements of the Job for which you are applying?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Please read job description page 5, items #2 and #3. If no, describe the functions that cannot be performed. We comply with all ADA regulations.</small>			
Do you agree to abide by the Performance Standards as listed on page 5, item #4?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you certified in First Aid?	Are you certified in CPR?	Experience with special needs children	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL BACKGROUND

Do you have a high school diploma/GED?	Please list name of high school		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list name of college (if attended)	Dates attended	Major	
Degree/Certificate Received	Please list any other special training you would like us to be aware of:		

MEDICAL INFORMATION

Do you have any medical condition that could affect your ability to care for children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	
Do you have any current or history of emotional health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please explain	

ADDITIONAL QUALIFICATIONS

Experience with the following age groups:	Bilingual - please list language(s):
<input type="checkbox"/> Infants <input type="checkbox"/> Preschool <input type="checkbox"/> School Age <input type="checkbox"/> Teens	

EMPLOYMENT HISTORY

Current Employer (if a company, full company name)		Supervisor's Name / Phone Number (if different)		
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position you held	Start Date	End Date	
Starting Salary	Ending salary	Duties		
May we contact this employer?	Reason for Leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Previous Employer (if a company, full company name)		Supervisor's Name / Phone Number (if different)		
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position you held	Start Date	End Date	
Starting Salary	Ending salary	Duties		
May we contact this employer?	Reason for Leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

CHILDCARE REFERENCES

Company/Family Name		Supervisor's Name / Phone Number (if different)		
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position you held	Start Date	End Date	
Starting Salary	Ending salary	Duties		
May we contact this employer?	Reason for Leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Company/Family Name		Supervisor's Name / Phone Number (if different)		
Employer's full mailing address		City	State	Zip Code
Employer's Telephone Number	Position you held	Start Date	End Date	
Starting Salary	Ending salary	Duties		
May we contact this employer?	Reason for Leaving			
<input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL, CHARACTER, or PROFESSIONAL REFERENCES

Please list the names and phone numbers of **three** persons not related to you who have seen you work with children (these references must be supervisors, co-workers, parents whose children you have cared for, or other child care related references).

REFERENCE 1	
Full Name	Relationship
Phone Number	Length of time known

REFERENCE 2	
Full Name	Relationship
Phone Number	Length of time known

REFERENCE 3	
Full Name	Relationship
Phone Number	Length of time known

CHILDCARE QUESTIONS

1. If you had a group of (6) children age (3) and they were all running around the room, what activity would you start to regain program structure?

2. What does the word "interaction" mean to you?

3. How would you calm a crying baby?

4. What would you do with a child who has disciplinary problems?

VERIFICATIONS

I certify that this information is accurate and complete. Giving incomplete or false information is a serious matter and is grounds for dismissal and forfeiture of related benefits. I authorize ACCENT and any of its authorized representatives, to investigate any and all of the information contained in this application and to conduct additional investigations of my experience and background as it relates to my application for hire. I give my permission to my past employers to provide my performance history to ACCENT. I understand that if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain in the employer's employ. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice. I understand that no representations will be made, express or implied, which are contrary to the foregoing. This statement of policy is not subject to change. I have read and understand and agree to the provisions of this application.

Print Name

Signature

Date

Background Check Disclosure

As part of the employment process, ACCENT on Children's Arrangements, Inc. hereby known as ("the company"), may obtain a consumer report and / or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize U.S. Information Search on behalf of The Company to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may include Criminal Records, Credit reports, Driving Records, Past Employment or Education Verifications, Worker's Compensation Claims, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant / Employee Name & Date

Applicant / Employee Signature & Birth Date

Social Security Number

COMPANY INFORMATION

We are delighted you are interested in working with us; we would like to tell you a little bit more about us.

1) ACCENT is an Equal Opportunity Employer

Equal Opportunity Statement

ACCENT is an equal opportunity employer. The information requested of you is requested in order to help us make the best possible placement of employees within the company. All portions of the attached application pertaining to you must be completed. ACCENT in accordance, with state and federal law, does not discriminate on the basis of age, race, color, religion, sex, national origin, ancestry, marital status, disability, medical condition including pregnancy, veteran status, arrest record, sexual orientation, or any other characteristic protected by law.

2) Here are our requirements: Job Requirements (Core Competencies)

- Ø To be considered for employment as a team member you must be able to perform the following functions.
- Ø Please read carefully and indicate if you are unable to perform the following functions.
- Ø Ability to play and interact appropriately with children.
- Ø Ability to read and follow directions.
- Ø Ability to change positions rapidly - to bend and stoop and sit on the floor with the children.
- Ø Ability to lift 35 pounds.
- Ø Must speak fluent clear English; fluency in another language is great!

3) Job Description

- Ø You will be responsible for greeting parents, supervising children, leading arts and crafts projects, group games, circle time, active play and making sure all children are safe, secure and entertained. Your responsibilities also include following all ACCENT policies and procedures while working with us.
- Ø Assist supervisor with all activities.
- Ø Smile, approach and assist parents.
- Ø Assist the supervisor organizing the children and their activities whenever necessary.
- Ø Follow printed and verbal instructions including the planned schedule of activities.
- Ø Pick and clean up toys and supplies in the children's rooms during your scheduled shift.
- Ø Wash/wipe with hand cleaner children's hands and your hands, before and after snack, and wash immediately after using the bathroom.
- Ø Initiate and lead group games, craft projects, active play, story time, circle time, etc.
- Ø Check infant and toddler diapers every 90 minutes (1.5 hour) and change.
- Ø Always immediately log: infant information, etc. on forms provided.
- Ø Immediately notify supervisor of any incidents and take appropriate action and complete forms.
- Ø Check parent identification and parent pass to make certain all parents have signed in and out.
- Ø Tell your supervisor if you notice any inconsistencies with the program or a team member.
- Ø Tell your supervisor if you have ideas for improvements.
- Ø Completely fill out forms and paperwork daily.

4) ACCENT Performance Standards

- Ø ACCENT team members are expected to meet the following performance standards on the job. Any violation of these policies may result in termination.
- Ø ACCENT team members must follow and agree to maintain ACCENT safety and security policies at all times.
- Ø ACCENT team members may never use improper language or speak rudely to a parent or child.
- Ø ACCENT team members must respect themselves, each other and the parents and children with whom we are working at all times.
- Ø ACCENT team members may not ever leave a child unattended for any reason.
- Ø ACCENT does not allow team members to be under the influence of alcohol, illegal or controlled substances while working at program.
- Ø ACCENT team members must always keep a firm hand on an infant on the changing table at all times.
- Ø ACCENT team members do not allow unknown persons into the children's room.
- Ø ACCENT team members are always on time and ready to work their time shifts.
- Ø ACCENT team members do not solicit other jobs while working an ACCENT job.
- Ø ACCENT team members always wear the ACCENT uniform during their scheduled time shift.
- Ø ACCENT team members may not leave to take a break without notifying the manager.
- Ø ACCENT team members never use corporal punishment (spanking, grabbing, slapping, or other physical behavior).