BYRAM LEARNING CENTER, INC.

KINDERGARTEN AND DAYCARE

601-502-0012

6753 S. Siwell Road **Jackson, MS 39272**

Owner/Director: Kim C. Chandler

Application for employment

Name: _____ Email: _____

Date of birth: _____ Social Security Number: _____

Address: _____ Telephone Number: _____
(street address) Cell Phone Number: _____

_____
city state zip code

Education (attach highest educational level- diploma, GED, or college transcript)

High School/GED (or highest grade completed): _____

College/University (highest grade completed): _____

Degree held and field of study: _____

Special training/Certificates/Other educational experiences: _____

Do you have experience working with young children? If yes, please explain.

Previous Employment/Experience

Name of Employer	Address	Telephone#	Years Employed

1. _____
   Job title and duties:

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2. _____
   Job title and duties:

   _____

Contact person in case of emergency:

Name Address Telephone # Relationship

Is there any information that may be beneficial to the center? Are you allergic to anything? Are there any health conditions the center should know about? Etc.

Personal References (No Relatives)

Name Address Telephone # Relationship

1. _____
2. _____
3. _____

Have you ever been convicted of any crime, including sex related or child abuse offences? _____If yes, please explain.

I give my permission for Byram Learning Center, Inc. to perform all criminal records checks, a Child Abuse Central Registry check, previous employment checks, personal reference checks, random drug testing, and fingerprinting checks.

Signature: _____ Date: _____

I have received the handbook of staff policies and procedures and will follow the guidelines that the center has outlined.

Signature: _____ Date: _____

- Each application must be accompanied with an immunization form 121 and documentation of education.

For Office Use Only:

Date of employment: _____Date of Orientation: _____

Date of Separation and Reason: _____