



Franklin Springs Academy

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APPLICATION FOR EMPLOYMENT

Franklin Springs Academy provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

THIS APPLICATION FOR EMPLOYMENT IS NOT AN EMPLOYMENT CONTRACT.

This company provides reasonable accommodations to applicants with disabilities to assist in the hiring process, as required by applicable federal, state, and local law. Individuals can request an accommodation to complete this application or to participate in the interview process by contacting a member of management.

Name: _____

Social Security Number _____ Date of Birth _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Cell # _____ Home/Alternate #: _____

E-Mail Address _____

Position Applying for _____ Full or Part Time (circle one)

Emergency Contact:

Name _____

Address _____

Cell # _____ Alternate # _____

Educational Background (list diplomas, degrees, and certifications)

Education	School Name and Location	Course of Study or Major	Diploma/Degree Yes or No
High School			
College			
Graduate/Professional			
Trade or Technical			

Employment History

May we contact your present employer? Yes No

Employer & Address	Dates of employment	Phone number	Supervisor's Name	Reason for leaving

Briefly describe any special skills, training, or experience you possess relevant to the position for which you are applying: _____

Please list the names of additional work-related references we may contact who work with you currently or worked with you in the past.

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Telephone/Email

Applicant Certification

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and/or alcohol test is positive, the employment offer may be withdrawn where allowed by law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company’s policy and federal, state, and local law, may be subject to urinalysis or to other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that alcohol and/or drug testing may be a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company’s policies and applicable federal, state, and local law.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be true, complete, and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from further consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal, regardless of when such information is discovered.

The company considers this Application for Employment to be part of the personnel record.

THIS COMPANY IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL.

I authorize the Company and/or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. Federal law and some states require a separate disclosure and consent when obtaining background reports from a consumer reporting agency. I understand I will be asked to complete any requisite consent forms for the background check which may be required by federal, state and/or local law. I agree to sign these forms and understand that my offer of employment may be conditional upon the background check.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party information to the Company pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by the Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company as required by the Immigration Reform and Control Act of 1986. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE,
ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature: _____ Date: _____

Required Trainings Before You Begin Work

Go to TNpal.org and create an account. You will have to put in Franklin Springs Academy of Chapel Hill as your employer. After your account is created, you can locate your Registry ID in your profile. You will have to enter your ID number in the next step. Next, you will go to www.prosolutionstraining.com/tn.

To receive a certificate, you must put in Franklin Springs Academy of Chapel Hill as your employer and enter your registry ID in your profile. If you have not previously registered on this site, you will have to register first. After you complete your trainings, you will be able to print your certificates.

- Before You Begin: New Educator- 4-hour training
 - Shaken Baby Syndrome/Abusive Head Trauma- 1-hour training
- *These two trainings must be complete prior to your first day of employment.
- Sudden Infant Death Syndrome (SIDS) and Safety Risks for Infants- 1 hour training
 - Recognizing and Reporting Suspected Child Abuse- 2-hour training
 - Licensure Rules and Regulations Training- 3-hour training

**With your first three months of employment you are required to complete the Tennessee Early Learning Developmental Standards Training (TN-ELDS).

You will click on the age group that you primarily work with to complete the training. This training has to be completed every 3 years.