

# APPLICATION FOR EMPLOYMENT

(Fully complete this form) Incomplete form will be rejected

## PERSONAL INFORMATION

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

Please Print

Social Security Number		Last Name		First Name		Middle Name	
Address (street number and name)				City		County	
State	Zip Code	N.C. Driver's License Number		Date of Birth			

## CONTACT INFORMATION

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a U.S. citizen? Yes \_\_\_ No \_\_\_

Are you an alien authorized to work in the United States? Yes \_\_\_ No \_\_\_

## EMERGENCY CONTACT INFORMATION

Relationship to You \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## MINISTRY AREA DESIRED \_\_\_\_\_

Position \_\_\_\_\_ Start date \_\_\_\_\_ Salary desired \$ \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_ If yes, may we contact your employer? \_\_\_

Have you ever applied to this company before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

EDUCATION LEVEL	NAME OF SCHOOL	DID YOU GRADUATE?
High School		
College		
Business School		
Correspondent School		

**FORMAL CHILD CARE EDUCATION** (Check appropriate boxes)

(Early childhood education only)

\_\_\_ None

\_\_\_ Child Care Credentials I & II

College Degree? Yes \_\_\_ No \_\_\_

\_\_\_ Administration I

If Yes List Degree \_\_\_\_\_

\_\_\_ Administration I & II

\_\_\_\_\_

**WORK HISTORY** (list your Previous three employers)

Current or Last Employer	City / State		
Job Title	Supervisor's Name	Phone Number	
Date Employed (mo/yr)	Duties:		
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes                      No	

Current or Previous Employer	City / State		
Job Title	Supervisor's Name	Phone Number	
Date Employed (mo/yr)	Duties:		
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes                      No	

Current or Previous Employer	City / State		
Job Title	Supervisor's Name	Phone Number	
Date Employed (mo/yr)	Duties:		
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes                      No	

**List other jobs you've held that are applicable to the job you are seeking.**

COMPANY	Date Employed	Date Separated	Position Held

**REFERENCES:** (Give the names of three persons not related to you whom you have known at least 3 years)

Name	Phone Number	Relationship	Years Known
1. _____			
2. _____			
3. _____			

**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what can be done to accommodate your limitation(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accused and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you presently have any communicable diseases (including HIV or AIDS)? Yes \_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do we have permission to do a police background check on you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you smoke? \_\_\_\_\_ Drink alcoholic beverages? \_\_\_\_\_ Use illegal drugs? \_\_\_\_\_

I certify that the facts contained in this application are true and **complete** to the best of my knowledge and understand that incomplete information or falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that my result from furnishing same to you.

I understand and agree that if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_