

Application of Employment

We are an equal opportunity employer. It is policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, gender orientation, sexual orientation, or handicap in the hiring, promotion or discipline of employee. If you are a person with a handicap, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make any accommodations. We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, terms, conditions, and privileges of employment.

	Today's I	Date:		
Name:				
Address:				
City:	State:	Zip:		
Phone Number:				
Do you currently have a driver's license? Yes	No			
If hired, do you have reliable transportation to and f	rom work? Ye	es <u>No</u>	_	
Position applying for:]	Date available	to start:	
Pay expectation:per hour Av	ailability (Mor	n-Fri)		
Can you perform the duties of the job without accord	nmodations? Y	es	No	
Have you ever been convicted of a crime? Yes	No			
If yes, please explain:				
Have you ever been convicted of a felony? Yes	No			
If yes, please explain:				
Has there ever been a substantiated case of child ab	use or neglect a	against you?	Yes	No
If yes, please explain; when, where and the reason:				
Are you on a court supervised probation or parole?	Yes]	No	_	
In case of emergency, who should we contact?				
Name:	Phone Numbe	r:		
Address:				

EDUCATION

Did you graduate? Yes No	GED?
College/University:	
Major:	Degree:
Did you graduate? Yes No	
Would you be willing to continue you	education by enrolling in courses or other training programs to con
24 clock hours of training per year? Y	s No
]	REVIOUS EMPLOYMENT
Employer:	Dates:to
Address:	Telephone:
Job Title:	Reason for leaving:
Supervisor:	May we contact?
Employer:	Dates:to
Address:	Telephone:
Job Title:	Reason for leaving:
Supervisor:	May we contact?
Employer:	Dates:to
Address:	Telephone:
Job Title:	Reason for leaving:
Supervisor:	May we contact?
	<u>REFERENCES</u>
Name	Phone Number Relationship

Please answer the following questions:

(Use back of page if needed)

Why do you want to work at a Christian Child Care Center?
What does Early Education mean to you?
What do you feel is appropriate behavior guidance?
What are you goals for the next 5 years?
What is your favorite age group to work with?
Is there any age that you would not want to work with?
What can you add to the quality of our program?
Do you have any prior commitments that may cause a conflict in your work availability or schedule (school, job, etc)
How did you hear about us?

Signature of Applicant