

Children's Corner Employee Application



APPLICANT INFORMATION

FULL Name _____ Maiden Name (if any) _____
 Birth Month/Day ____/____ Over the age of 18? Yes / No Available Start Date _____
 Address _____ City, State, Zip _____
 Home Phone _____ Cell Phone, Other _____
 Email Address _____

PREVIOUS WORK EXPERIENCE beginning with most recent:

Please list each position separately. If additional space is needed, please attach separate sheet. Include any unpaid and volunteer work.

1) Organization _____ City, State _____
 Position Title _____ Dates To/From _____
 Duties _____
 Contact Person _____ Phone Number _____

2) Organization _____ City, State _____
 Position Title _____ Dates To/From _____
 Duties _____
 Contact Person _____ Phone Number _____

3) Organization _____ City, State _____
 Position Title _____ Dates To/From _____
 Duties _____
 Contact Person _____ Phone Number _____

EDUCATION/TRAINING

Do you have the equivalent of a 12th Grade Education? Yes No

Name/Location of College or University	Course of Study	Graduated? Yes No	Degree Major/Minor	Dates (From/To)
		Yes No		
		Yes No		
		Yes No		

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SPECIALIZED SKILLS

Please list any courses, vocational training, licenses, certificates, professional organization memberships or other qualifications, which have bearing on your suitability for this position:

List any accreditations with which you hold that are pertinent to this position:

CHRISTIAN BACKGROUND

STATEMENT OF YOUR FAITH: In your own words briefly give your statement of faith.

Do you attend any area churches? If so, which? _____

REFERENCES (No Family Members Please)

Name	City & State	Phone	Title

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Personal Disclosure Statement:

Have you ever been charged with or convicted of a felony?	Yes ___ No ___
Have you ever been charged with or convicted of any crime against children or other persons?	Yes ___ No ___
Is there any other fact or circumstance in your background that should prevent you from being entrusted with the supervision, guidance, and care of children or youth?	Yes ___ No ___
Can you conform to our smoke free environment policy which states that there can be no smoking indoors or outdoors and that no evidence of second hand smoke can be on your person?	Yes ___ No ___
May First Christian Church have your permission to conduct a background check?	Yes ___ No ___

I certify that the information on this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____