

**SUMMIT HEIGHTS FELLOWSHIP  
CHILD CARE APPLICATION**

Please print all information requested except signature. Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

How long have you lived at this location? \_\_\_\_\_ Social Security No. \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Are you age 18 or over? NO YES

How many hours can you work a week? \_\_\_\_\_ Can you work evenings? \_\_\_\_\_

Days/Hours available to work:

No Preference _____	Thursday _____
Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____

**EDUCATION AND WORK HISTORY**

Type of School	Name of School	City/State	Years Completed	Major/Degree
High School	_____ / _____	_____ / _____	_____ / _____	_____ / _____
College	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Bus. Or Trade School	_____ / _____	_____ / _____	_____ / _____	_____ / _____
Professional School	_____ / _____	_____ / _____	_____ / _____	_____ / _____

Do you agree to allow Summit Heights Fellowship to run a background check on you? YES NO

If NO, explain \_\_\_\_\_

Have you ever been convicted of a felony? NO YES

If YES, explain \_\_\_\_\_

Please give information regarding previous work history the past three years.

Dates Worked	Employer	Employer's Phone/Address	Your Last Title
--------------	----------	--------------------------	-----------------

Description of job duties

Dates Worked	Employer	Employer's Phone/Address	Your Last Title
--------------	----------	--------------------------	-----------------

Description of job duties

Dates Worked	Employer	Employer's Phone/Address	Your Last Title
--------------	----------	--------------------------	-----------------

Description of job duties

Dates Worked	Employer	Employer's Phone/Address	Your Last Title
--------------	----------	--------------------------	-----------------

Description of job duties

Use the space below to summarize any additional information necessary to describe your full qualifications for the childcare position for which you are applying?

---

---

---

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

**AGREEMENT (Please read carefully before signing)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal or hire or termination of my contractor agreement with Summit Heights Fellowship.

I understand that neither the acceptance of this application nor the subsequent entry in any type of employment relationship including contract employment with Summit Heights Fellowship creates an actual or implied contract of employment. This means that either Summit Heights Fellowship or I have the right to terminate the relationship at any time, for any reason, with or without cause.

I agree to submit to a drug and alcohol testing if requested by Summit Heights Fellowship. I release Summit Heights Fellowship and its employees from any and all liability arising out of or related in any way to such testing.

I authorize Summit Heights Fellowship to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed engagement. I release Summit Heights Fellowship and its employees from all liability arising from such investigation.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_ P

Printed Name \_\_\_\_\_