Faith Lutheran
Touching Hearts

Touching Hearts Early Childhood Center

Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Church Home _____ Present Occupation/Position _____

Marital Status _____ Name of Spouse _____

Age ____ 16-17 or ____ 18 or older

Academic Background: School Location Years Major

Elementary

Secondary

College

Former Employers (begin with most recent):

Beginning and Ending Dates	Employer & Address	Supervisor's Name and Phone Number	Title and Duties	Reason for Leaving

Reference #1 (required)

Name: _____ Title/Employer: _____

Phone Number: _____ Email: _____

Relationship/Years known: _____

Reference #2 (required)

Name: _____ Title/Employer: _____

Phone Number: _____ Email: _____

Relationship/Years known: _____

Reference #3

Name: _____ Title/Employer: _____

Phone Number: _____ Email: _____

Relationship/Years known: _____

Hours Available: Touching Hearts is open 6:30am-5:30pm

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

1. Are you seeking part time or full time work? _____

2. Please describe any experience you have had working with children

_____

_____

_____

_____

I certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date _____

*Please attach High School or College diplomas as well as an unofficial transcript.

*Return to: touchinghearts@faithlincoln.org or 8701 Adams Lincoln, NE 68507