CHAPIN UNITED METHODIST CHURCH
PRESCHOOL TEACHING APPLICATION

Please type or print clearly, fill out completely and accurately, and submit to:

Mary Catherine Horne
Preschool Director
Chapin United Methodist Church
415 Lexington Ave
Chapin, SC 29036

Date: ____________________ Position Desired: ___________________________

Full Time: _____ Part Time: _____ Substitute: _____

Name: ____________________________________ SSN: _______________________________

Address: ____

City: _________________ State: _____ Zip: ___________

E-mail: ____

Home Phone: ____________________ Cell Phone: __________________________

How long at above address? _____________________

- Do you have a valid SC Teaching Certificate? Yes_____ No_____
- Type or Certificate ____
- Certificate Number ____
- Expiration Date _________________ Subject Area _________________________

It is the policy of Chapin United Methodist Church pursuant to Federal and State laws dealing with equal opportunity in employment not to discriminate in hiring on the basis of race, age, gender, disability, or national origin.

THIS APPLICATION WILL BE KEPT ON FILE FOR TWO SCHOOL YEARS OR UNTIL HIRED (WHICHEVER COMES FIRST).

FOR OFFICE USE ONLY Date Received __________________

Certificate ________________ Type _________________ Expiration ____________

Transcripts ____________________

Recommendations ____________________________

Fingerprint Cards ____________________________ Resume ____________________

Screening Interview __________________________ Immunization _______________

EDUCATIONAL BACKGROUND

Name of School	Location	Dates Attended	Year of Graduation/Degree
High School			
College*			
Graduate School*			

*Enclose transcripts

REFERENCES

Give four references who have firsthand knowledge of your character, interpersonal skills, scholarship and/or teaching ability.

Name	Title/Position	Address	Phone	Years Known

Are you legally eligible for employment in the United States? ________
(Proof of US Citizenship or immigration status will be required upon employment)

Religious/Church Affiliation: ____

WORK EXPERIENCE

Employer & Supervisor's Name	City, State, Telephone	Nature of Work	Dates of Employment

REFERENCE REQUEST

Applicant, please send this request with the appropriate information to your references.

Applicant's Name ______________________________

Position Applying For ______________________________

Applicant's Signature ______________________________ Date ____________

Dear: ______________________________

I have applied for a teaching position at the Chapin United Methodist Church Preschool. Please provide a candid appraisal of my qualifications for this position. Your reply will be kept confidential.

I am grateful for your cooperation. Kindly return the completed reference in a sealed envelope to:

Mary Catherine Horne
Preschool Director
Chapin United Methodist Church
415 Lexington Ave
Chapin, SC 29036

1) In what capacity have you known the applicant?

____

____

2) For how long? ______________________________

3) What evidence or example can you give of the applicant's

   a. Role model for children ______________________________
   b. Personal Responsibility ______________________________
   c. Leadership Qualities ______________________________
   d. Interpersonal Relationships ______________________________
   e. Give Three (3) Strength of Applicant ______________________________
   f. Overall Recommendation ______________________________
   g. Additional Comments ______________________________

If you had a position available, would you hire this applicant? Why or Why not?

____

Name (print or type) ______________________________

Signature ______________________________ Date ____________

Address: ______________________________

City: ______________ State: _____ Zip: __________

E-mail: ______________________________

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Applicant's Signature ______________________________ Date ______________

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   g. Additional Comments ______________________________

If you had a position available, would you hire this applicant? Why or Why not?

____

Name (print or type) ____

Signature ______________________________ Date ______________

Address: ____

City: ______________ State: ______ Zip: ______________

E-mail: ____

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Position Applying For ____________________

Applicant's Signature ____________________ Date __________

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f. Overall Recommendation ____________________

g. Additional Comments ____________________

If you had a position available, would you hire this applicant? Why or Why not?

____

Name (print or type) ____________________

Signature ____________________ Date __________

Address: ____________________

City: __________ State: _____ Zip: __________

E-mail: ____________________

South Carolina Department of Social Services
Child Care Regulatory Services

MEDICAL STATEMENT

To be completed by staff, volunteers, and emergency personnel:

Name: ______________________________ SSN: ______________
Last First Middle

Home Address: ____
Number Street City State Zip

Date of Birth: ______________ ☐ Male ☐ Female Telephone: ______________

Statement of your present health in your own words: ______________________________

Have you ever had or do you now have any of the following:

Illness/Condition	Yes	No	Illness/Condition	Yes	No
Vision Problems			Rupture or Hernia		
Ear, Nose, Throat Problems			Hemorrhoids		
Hearing Loss			Sugar or Albumen in Urine		
Frequent/Severe Headaches			Jaundice		
Dizziness or Fainting Spells			Diabetes		
Head Injury			Heart Problems		
Epilepsy or Seizures			Bone, Joint or other Deformity		
Shortness of Breath or Lung Problems			Back Problems		
Spitting up Blood			Tumor, Growth or Cancer		
Tuberculosis			Nervous Condition		
Skin Disease			Drug or Narcotic Habit		
Pain or Pressure in Chest			Adverse Reaction to Medication		
High Blood Pressure			Alcoholism		
Frequent Indigestion			Illnesses or injury not mentioned above		
Stomach, Liver or Intestinal Problems			Loss of consciousness		
Have you ever been refused employment or been unable to hold a job for reasons of health?					
Have you ever been denied life insurance?					
Have you ever been rejected for or discharged from military service for physical, mental or other reasons?					

If any item is checked "Yes", please explain: ______________________________

Please provide appropriate information below regarding freedom from tuberculosis (TB):

NEW EMPLOYEE: Enter below date of written evidence from a physician or health resource attesting you are free from communicable TB. ______________
Date of Verification

CURRENT EMPLOYEE: Check below if you are required to have additional tuberculosis tests.

☐ No more TB tests required ☐ TB tests required every ______________

I CERTIFY THAT THE ABOVE INFORMATION SUPPLIED BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

______________________________ ______________
Signature Date

South Carolina Department of Social Services
Child Care Licensing and Regulatory Services

CONSENT TO RELEASE INFORMATION

This serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself. I understand that the information may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons and the South Carolina Department of Social Services from any liability arising out of or resulting from the release of this information. This consent is effective for search of the Central Registry for the purpose of working in any child care facility in the State.

Name of Child Care Facility: ______________________________

Name of Director/Operator: ______________________________

Address of Facility: ______________________________

City: ____________________ Zip: __________ County: Select County ...

Please Print or Type: (Complete spelling of name required; no initials.)

Name: ____________________ DOB: __________ Sex: __________

Maiden/Former Name: ____________________ Race: __________

Place of Birth: ____________________ SSN: __________

Current Address: ______________________________

____

Previous Address: ______________________________

____

______________________________ Signature of Applicant ______________ Date

______________________________ Witnessed by the Director/Operator ______________ Date

Results of Search of the Child Abuse and Neglect Central Registry
(This section to be completed by authorized DSS employee only.)

- ☐ The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- ☐ The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being a perpetrator may affect an individual's capacity to adopt a child.
- ☐ Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- ☐ Other – See attached correspondence for additional information.

Central Registry Check Completed By: ______________________________ Authorized DSS Employee ______________ Date

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- ☐ Name(s) not found in the sexual offender registry.
- ☐ Name(s) found in the sexual offender registry.
- ☐ Written notification sent to Director/Operator.

Sexual Offender Registry Check Completed By: ______________________________ Authorized DSS Employee ______________ Date

South Carolina Department of Social Services
Child Care Regulatory Services

DIRECTOR/STAFF EVIDENCE OF NON-CONVICTION AND STATEMENT OF COMPLIANCE

This form must be completed by all persons applying for employment with, or employed by, or seeks to provide caregiver services in, or is a caregiver at a child care facility. Keep a copy for your facility file.

The South Carolina Child Care Licensing Law, Section 20-7-2725 D. et seq., Code of Laws states, "To be employed by or to provide caregiver services at a child care facility licensed, registered, or approved under this sub-article, a person first shall undergo a state fingerprint review to be conducted by the State Law Enforcement Division to determine any state criminal history and fingerprint review to be conducted by the Federal Bureau of Investigation to determine any other criminal history. A person may be provisionally employed or may provisionally provide caregiver services after the favorable completion of the State Law Enforcement Division fingerprint review and until such time as the Federal Bureau of Investigation review is completed if the person affirms in writing on a form provided by the department that he or she has not been convicted of any crime enumerated in this section. The results of the fingerprint reviews are valid and reviews are not required to be repeated as long as the person remains employed by or continues providing caregiver services in a child care center, group child care home, family child care home, or church or religious child care center; however, if a person is not employed or does not provide caregiver services for one year or longer, the fingerprint reviews must be repeated."

This questionnaire and certification is deemed to be continuous in nature, and any future violation or noncompliance with the applicable state statute herein must be reported immediately to DSS Child Care Regulatory Services.

I have read and become familiar with S.C. Code Section 20-7-2725 (as amended), which provides the requirements for employment in a child care facility.

I affirm that I am an employee, employer, or seeking employment in a child care facility, and that I am in compliance with the provisions of S.C. Code Section 20-7-2725 (as amended).

I understand that if I am found to be in violation of S.C. Code Section 20-7-2725 (as amended), such noncompliance will affect the issuance or status of the licensure/approval/registration of this facility.

I understand, in accordance with the requirements of S.C. Code Section 20-7-2725 (B) (as amended) that all application forms provided for employment at a child care facility must include, at the top of the application form in large bold type, a statement indicating that a person who has been convicted of a crime enumerated in Subsection (A) who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such facility, is guilty of a misdemeanor, and, upon conviction, must be fined not more than five thousand dollars, or imprisoned not more than one year, or both.

Name: (Please Print) ____________________

Address: ____________________

Facility Name: ____________________

Facility Address: ____________________
(street) *(city)* *(state)* *(zip)* *(county)*

Director: ____________________ Facility Approval/License/Registration #: ____________________

I AFFIRM TO THE ABOVE NON-CONVICTION AND STATEMENT OF COMPLIANCE.

Staff's Signature: ____________________ Staff's Title: ____________________

SWORN TO AND SUBSCRIBED BEFORE ME

This __________ day of ______________, 20___.

____
Notary Public for South Carolina

My Commission Expires: ____________________

DSS Form 2925 (SEPT 06) Edition of JUL 01 is obsolete.

South Carolina Department of Social Services
Office of Child Day Care Licensing and Regulatory Services

HEALTH ASSESSMENT FORM

________________________ has no significant problems that would interfere with his/her
Name of Employee

ability to care for children. He/She demonstrates the ability to move quickly, to assist and/or supervise young children, to lift children, equipment and supplies, to hear and see at a distance for outdoor supervision or driving. His/Her exam/test does not indicate a physical, mental or emotional condition which would be detrimental to the children or staff or which would prevent satisfactory performance of duties.

________________________ ________________________

Signature of Physician or Health Resource Date

Print or Type Physician or Health Resource Name and Address:

____

____

____

____

DSS Form 2926 (NOV 99) Edition of MAR 94 is obsolete.