

 Employment Application

Applicant Information

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

 Last First MI

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City State Zip

Position Applying for:

(Circle all that apply.)

Full-Time Teacher Part-Time Teacher Afternoon Aide Substitute

Date Available to Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Hourly Rate: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a United States Citizen? Yes/No

If not, are you authorized to work in the U.S.? Yes/No

Have you ever been employed by First Wesleyan Church?

Wesleyan Christian School or Wesleyan Kiddie College? Yes/No

If so, When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes/No

 If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Essential Functions

* Must be able to demonstrate good written and oral communication skills.
* Must be able to work as a cooperative team member with shared responsibilities and outcomes.
* Must possess the ability to carry 40 pounds or more.
* Vision and hearing must be adequately supervised by children visually and aurally in the classroom or playground.
* Must possess the ability to position yourself at children’s eye level.

Can you perform this essential function safely and effectively?

The job is described without reasonable accommodation. Yes/No

Do you hold a CDA or an Early Childhood associate’s degree? Yes/No

List any training, achievements, or skills that you possess that relate to the job you are applying for

applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you certified in adult or pediatric CPR/First Aid? Yes/No

If yes, when does it expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Licenses, Registration, and/or Certification**

 Type: State Issued: Expiration Date:

 Type: State Issued: Expiration Date:

Please list any professional organizations, special interests, or hobbies: (Omit any that might reveal race, gender, age, national origin, disability, or veteran status)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give a brief statement of your career objective:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Education**

High School attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State

Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? Yes/No

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Did you graduate? Yes/No Degree: \_\_\_\_\_\_\_\_\_\_\_

**Personal References**

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person? Phone:

Address:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person? Phone:

Address:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this person? Phone:

Address:

**Previous Employment**

Company: Supervisor:

Address: Phone:

Job Title: Dates Employed:

Reason for Leaving? May we contact them? Yes/No

Company: Supervisor:

Address: Phone:

Job Title: Dates Employed:

Reason for Leaving? May we contact them? Yes/No

Company: Supervisor:

Address: Phone:

Job Title: Dates Employed:

Reason for Leaving? May we contact them? Yes/No

**Spiritual Information**

Do you regularly attend church? Yes/No . If yes, where?

Spiritual Leader: Phone:

Do you take an active part? Yes/No- What activities?

Have you accepted Jesus Christ as your personal Savior and Lord? Yes/No

Are you comfortable sharing Jesus with the children and their families? Yes/No

**Disclaimer and Signature**

In completing this application, I understand that if a conditional offer of employment is extended, I will conform to the rules and regulations of Kiddie College (KC) and that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either KC or myself. No agreement or representation regarding the terms or conditions of employment shall be enforceable against or recognized by KC unless in writing or signed by the business manager.

I authorize KC to make an investigation of all information contained in this employment application and release from liability all companies, corporations, or personal references named or to whom the ministry may refer in supplying such information. I understand that any false answers, statements, missions, or implications made by me, this application, or in the interview process, shall be considered sufficient cause for denial of employment or immediate discharge. Upon termination of my employment, I release other investigative reports or criminal arrest checks deemed necessary from various third-party employers, which will be conditional upon passing such an exam.

I understand that if I am employed, it is for an indefinite period and that KC reserves the right to change wages, benefits, and working conditions at any time. I have read and understood the above and acknowledge that the information provided is complete and accurate.

Applicant Signature: Date: