



EMPLOYMENT APPLICATION

Application Date: _____

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____ Date of Birth: _____

Are you of the age 18 or older? _____ U.S. Citizen? _____

Are you willing to provide your Social Security Number if hired? _____ SSN: _____

In Case of Emergency, contact:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

Are you under a doctor's care? _____

If yes, explain: _____

Are you able to lift up to 25 lbs? _____

If no, explain: _____

Do you have any disabilities? _____

If yes, explain: _____

Have you ever been convicted of a crime? _____

If yes, explain: _____

Are you presently employed? _____

Position applying for: _____ Preferred Age Group: _____

Child Care Experience: _____

Type of Work: _____ Expected Salary: _____

Hours/Days you cannot work: _____



EDUCATIONAL BACKGROUND

High School: _____ Received Diploma or Equivalent? _____
College: _____ Received Diploma or Equivalent? _____

EMPLOYMENT HISTORY: Please list previous employment, starting with the most recent

May we contact the individuals below for references to your work? _____

If no, please explain: _____

Place of Employment: _____ Position: _____

Duties: _____

Start Date: _____ Ending Date: _____

Reason for Leaving: _____

Supervisor: _____ Phone Number: _____

Place of Employment: _____ Position: _____

Duties: _____

Start Date: _____ Ending Date: _____

Reason for Leaving: _____

Supervisor: _____ Phone Number: _____

Place of Employment: _____ Position: _____

Duties: _____

Start Date: _____ Ending Date: _____

Reason for Leaving: _____

Supervisor: _____ Phone Number: _____

By completing this application, you give permission for the child care director to contact your references, verify your past work history, conduct a criminal background check, and contact your previous employers to determine your suitability in working in the child care center. By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release the center for any liabilities that result from the verification. Thank you.

Applicant's Signature: _____ **Date:** _____



Please list 3 personal references (not related) – Name, Address, Phone Number

1. _____
2. _____
3. _____

Do you have any special skills or talents that would be beneficial in working with young children? (please include administrative, organizational, and communication skills.)

What 3 words describe your personality? (Describe the importance in a children's ministry program)

1. _____
2. _____
3. _____

Describe the roles that parents, children, and Life Shapers play in a child care program.

Parents: _____

Children: _____

Life Shaper: _____

What do you think makes a successful play school program?

What behavior do toddlers and pre-school age children exhibit when they are bored?

As a Life Shaper, what steps would you take to inform a parent of an accident? Confront a parent of a disruptive child? Respond to a voiced concern?

What are your future professional goals?

What are your future personal goals?