

Previous Employer _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Name and Title of Supervisor _____ May We Contact Y/N
Your Position _____ Dates of Employment _____
Duties _____ Salary _____
Reason for Leaving _____

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PROFESSIONAL REFERENCES (other than former supervisors)

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
How do you know this person? _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ E-Mail _____
How do you know this person? _____

Name _____
Address _____
Phone _____ E-Mail _____
City _____ State _____ Zip _____
How do you know this person? _____

PROFESSIONAL CERTIFICATIONS

Please list any professional licensures or certifications that might be relevant to the position for which you are applying. _____

Have you ever been disciplined/terminated for, or accused of any form of misconduct with a child or children, or child abuse? If yes, please give date(s) and explain. Yes _____ No _____

Have you ever been convicted of a crime other than minor traffic offenses? Yes _____ No _____
If yes, please state the nature of the offense, where the offense occurred, date and sentence imposed.
(Conviction will not necessarily disqualify you for employment.)

On a separate page, please describe any additional experience relating to group care of children (e.g., volunteer work, student internships, Montessori experience, etc). State the number of weeks and/or hours at each experience, including preparation time. Indicate ages of children in each group.

CERTIFICATION OF THE APPLICANT

I certify that the answers given herein are true and complete to the best of my knowledge. If Fishersville United Methodist Church Child Development Center determines that any of the information submitted in this application is false, including employment history and educational background, I shall be immediately disqualified from consideration for employment and/or discharged from employment in accordance with FUMC policy. Furthermore, I authorize the school to investigate all information contained in this application, and all persons to furnish information to the school. I release FUMC and any agents or other persons acting on its behalf, as well as any employers, individuals, school or organizations I identify during the application process from any liability associated with asking for or providing information or reference about me.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and prior notice, at the option of either myself or FUMC. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon FUMC unless made in writing.

I understand that if I am a successful applicant, I may receive a conditional job offer, subject to the results of a TB screening, and the successful passage of a criminal background check. I will provide original documents demonstrating my eligibility to work in the United States within three days of hire.

Printed Name _____

Signature _____ **Date** _____