



Brick Street Childcare and Learning Center First United Methodist Church

We do not discriminate on the basis of race, religion, national origin, color, sex, age or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

Application for Employment

Note: Please answer each question fully and accurately. No action can be taken on this application, until all questions have been answered. **Please print**, except for the signature on the back.

Job Applied for _____ Today's Date _____
Name _____ Phone # _____
Address _____

Are you 18 or older? _____ Date of Birth _____ Social Security # _____

Were you ever employed here? _____ If yes, when? _____

Have you ever applied here? _____ If yes, when? _____

Number of days' work missed in the past 6 months? _____

If hired, can you prove eligibility for employment? _____

Have you ever been convicted of any crime against a child? _____

If yes, explain: _____

Has any found report of child maltreatment ever been made against you? _____

If yes, explain: _____

Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of a child? _____ If yes, explain: _____

Education: (Give name, address, location, highest great completed, date of leaving)

High School or GED: _____

College or university: _____

College Major: _____ Degree: _____

Advanced degree or course work: _____

Child Development Associate certification: _____

Additional Educational, Vocational, Technical Training Info: _____

Health: Do you have any physical limitations which would give you problems in performing this job?

_____ If yes, explain: _____

Would you take a physical examination, if required? _____

References: Name, complete addresses, phone numbers of three people (no relatives or former employers) we may contact about you.

Work History: Please attach resume or list below present and past employment, beginning with most recent, covering all periods of time for the past six years. If self-employed, supply business references. **Please give month and year.**

Employer's Name/Address/Phone	From/To	Duties	Last Supervisor	Reason for Leaving

(Continue on a sheet of blank paper if you don't have enough room to list all your employers for the past six years).

Are you now or do you expect to be engaged in any other business or employment? _____

If yes, explain: _____

If presently employed, may we contact your employer: _____

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record:

Narrative: Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

Affidavit: I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render my application void, or if employed, would be cause for termination.

I authorize the individuals or institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information. Arkansas Code 11-3-204.

Signature: _____ Date: _____

Date Employed: _____ Date of Separation: _____