

A&M Church of Christ's Sunshine School
Child Care Ministries

Application for Employment

Today's Date _____ Social Security # _____ Driver's License # _____
Name: _____
Address: _____
Home # : _____ Cell #: _____ Email Address: _____
Position applying for or interested in: _____
Date available to start work: _____
Do you have children who would need child care at this center if you were employed here? Yes or No
If so, please provide their birthdates (example: 10/19/07): _____

Educational Background

Name and location of High School attended: _____
Circle of last year completed: 9 10 11 12 Year: _____
Name and location of college(s)/university(ies) attended: Degree Major

Do you have a Teacher Certification? Yes or No

List courses or other specialized training (such as seminars, etc.) which you have had that would help you in the job you are applying for: _____

Employment History

Employer: _____
Complete Address: _____ Phone #: _____
Position Held: _____ Dates of Employment : _____
Duties/Responsibilities: _____
Reason(s) for leaving: _____

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What do you think most qualifies you for this position? _____

Do you have any physical or mental medical conditions that could inhibit your ability to perform your job? _____

Please check those items that you have no limitations:

- | | |
|---|---|
| <input type="checkbox"/> walking | <input type="checkbox"/> running |
| <input type="checkbox"/> lifting children up to 50 pounds | <input type="checkbox"/> hopping |
| <input type="checkbox"/> bending | <input type="checkbox"/> jumping |
| <input type="checkbox"/> sitting on the floor | <input type="checkbox"/> skipping |
| <input type="checkbox"/> sitting on a chair | <input type="checkbox"/> rearranging/moving classroom furniture |
| <input type="checkbox"/> standing | |

Additional Information

Are you a Christian? _____ What church do you attend? _____
Any Ministry services: _____

Have you ever been arrested? _____ Explain: _____
Have you ever been convicted of a felony? _____ Explain: _____
Anyone in your household? _____ Explain: _____

Personal References

Give the names and addresses of three persons, other than relatives, who know you. A&M Church of Christ's Sonshine School Child Care Ministries will ask them to attest to your character, emotional health, maturity, and competence.

	NAME	ADDRESS, PHONE, and EMAIL (optional)
1.	_____	_____
2.	_____	_____
3.	_____	_____

THE DEPARTMENT OF HUMAN RESOURCES REQUIRES THE FOLLOWING DOCUMENTATION FOR THE LICENSING REQUIREMENTS OF ALL CHILDCARE FACILITIES.

I agree to the teacher guidelines and will prayerfully accept the duties and responsibilities described. In addition, I understand that I will be subject to a local, state, and federal background check and fingerprinting.

Signature of Applicant: _____ Print Name: _____
Date: _____

Office use only
Interviewed by: (1) _____ (2) _____
Date: _____
Starting Date: _____ Rate: _____ Classification: _____