

# Community Christian Child Development Center

252-752-KIDS (5437)

## Application for Employment

(An equal opportunity employer)

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Social Security Number

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

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

( ) Phone Number ( ) Cell phone Number E-mail Address

Are you 18 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Birth date \_\_\_\_\_

Are you a citizen of the U.S. or a alien authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

### Employment Desired

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Have you applied for a position here before? \_\_\_\_\_ If yes, where and when \_\_\_\_\_

| Education                      | Name and Location | No. of Years Attended | Did you graduate? | Subject Studied |
|--------------------------------|-------------------|-----------------------|-------------------|-----------------|
| Grammar School                 |                   |                       |                   |                 |
| High School                    |                   |                       |                   |                 |
| College                        |                   |                       |                   |                 |
| Trade School                   |                   |                       |                   |                 |
| Business, Correspondent School |                   |                       |                   |                 |

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

### General

Subjects of special study or research work: \_\_\_\_\_

US Military Experience: \_\_\_\_\_ Rank \_\_\_\_\_

## Former Employers

| Date: Month & Year     | Name and Address of employer<br>Telephone Number of employer | Salary | Position | Reason for Leaving |
|------------------------|--|--------|----------|--------------------|
| From _____<br>To _____ | _____  |        |          | _____              |
| _____                  | _____  |        |          | _____              |
| From _____<br>To _____ | _____  |        |          | _____              |
| _____                  | _____  |        |          | _____              |
| From _____<br>To _____ | _____  |        |          | _____              |
| _____                  | _____  |        |          | _____              |

## Physical Record

Do you have any limitations that preclude you from performing any work for which you are being considered? \_\_\_\_\_

If yes, what can be done to accommodate your limitation? \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

C,S, Z \_\_\_\_\_

Cell phone \_\_\_\_\_

Do you have any physical handicaps or conditions that will prevent you from performing certain types of activities relating to babies and children?

Have you been accused of and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_\_\_

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

Have you been involved in homosexual activity within the last five years? \_\_\_\_\_

Do you presently have any communicable disease including HIV or AIDS? \_\_\_\_\_

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

Do we have permission to do a police background check on you? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Do you smoke? \_\_\_\_\_

Drink alcoholic beverages? \_\_\_\_\_

Use illegal drugs? \_\_\_\_\_

"I certify that the facts contained in this application are true and accurate to the best of my knowledge and understand that, if employed, any falsified statements on this application will be grounds for dismissal.

I authorize investigation of all statement contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that if hired, my employment is for an indefinite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date \_\_\_\_\_

Signature \_\_\_\_\_