

Application for Employment – Hope Community Church of Metrolina Nursery Staff

Applications are received and employees are hired without regard to race, creed, color, sex, religion, age, national origin, marital status, disability, veterans status and citizenship status. The receipt of this application does not mean that job opening exist or does not obligate us in any way. We appreciate your interest in our organization.

Date submitted: _____

Personal Information:

Name: _____ Social Security Number: _____
Last First Middle Initial

Address: _____
Street City State Zip

Home and/or Cell Phone: _____ Email Address: _____

Previous Address: _____
(If at above address for less than 2 years) Street City State Zip

Date of Birth: _____ Are you a citizen of the United States? [] Yes [] No
Month Day Year

(If not a citizen of the United States, please provide proof that you can be legally employed in the United States.)

What languages do you read, speak and write fluently? _____

Have you ever been convicted of a crime (other than minor traffic violation)? [] Yes [] No

If yes, please explain conviction: _____

Do you have dependable transportation to work? [] Yes [] No

Driver's License #: _____ State: _____ Expiration Date: _____

Employment Information:

Date to begin work: _____ May 3rd

Current/Previous Employment:

1. Name of most recent/current employer: _____ Phone #: _____

Address _____ Supervisor: _____

Job/Position: _____ Dates of employment: _____

Reason for leaving (if no longer employed at this position): _____

2. Name of employer: _____ Phone #: _____

Address _____ Supervisor: _____

Job/Position: _____ Dates of employment: _____

Reason for leaving: _____

3. Name of employer: _____ Phone #: _____

Address _____ Supervisor: _____

Job/Position: _____ Dates of employment: _____

Reason for leaving: _____

May we contact any of the employers listed above? [] yes *If no, please indicate "no contact" to the left of their name.*
Application continues on back

Which Church do you attend that offers a service other than Sunday mornings: _____

References:

Please provide names of three references who might speak to your character, work ethic and manner with children. References listed are preferably not family members.

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Education:

High School: _____
Name of School & Location Degree received? Year(s) attended/Year of Graduation

Trade/Business School: _____
Name of School & Location Degree seeking/received? Year(s) attended/Year of Graduation

College/University: _____
Name of School & Location Degree seeking/received? Year(s) attended/Year of Graduation

Are you currently CPR certified? [] Yes Date of certification/expiration: _____
[] No

Please list/describe any other specialized or professional training you have received that might make you an ideal employee in our church nursery: _____

I hereby agree that the facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. Hope Community Church of Metrolina is hereby authorized to make any investigation on my personal history and financial and credit record through any investigative or credit agencies or bureaus of choice.

I understand that I am applying for employment as a member of the Hope Community Church of Metrolina nursery staff. This position is a part time position, and I am employed "at will," which includes no guarantee, contract, or promise of employment for any specified length of time.

I authorize the use of any information in this application and any attached supplements to verify my statements, and I authorize past employers and references to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

Signature of Applicant

Date

Applicant's Printed Name