

Employee Application

Name _____ Other names _____

Address _____ City _____ Zip _____

Daytime Phone _____ Evening Phone _____

Birthday _____ Residency during the past three years _____

Social Security Number _____ Driver's License Number _____

Next of Kin _____ Daytime Phone Number _____

Physician (in case of emergency) _____ Phone _____

Are you trained in CPR? _____ Expiration Date _____ Are

you trained in First Aide? _____ Expiration Date _____ Do you

have a physical condition which may limit your ability to perform normal classroom responsibilities?

_____ If so, describe _____

Can you lift a five-year-old child without health problems? _____

Total time missed from work/school during the past 12 months: _____ days _____

Child/date of birth / do they require child care in our facility while you work?

_____ / / _____ yes /no

_____ / / _____ yes /no

_____ / / _____ yes /no

Are you a Christian? _____ Tell us briefly about your experience with Christ. _____

Do you attend Church regularly? _____ Where is your Church membership/ _____

High School _____ Date of Graduation _____ City _____

_____ State _____ Diploma _____ GED _____ If you

are presently in high school, are you enrolled in a career program approved by Georgia? ___ College

_____ Dates attended _____ degree _____

Area of study _____ Organizations/Activities _____

College _____ Dates attended _____ degree _____

Area of study _____ Organizations/Activities _____

List specific courses completed that will be helpful in early childhood

Why do you want to work with little children?

What qualities do you possess that qualifies you for this job?

Volunteer experience with children

Special talents (art, music, drama)

List three references with current addresses/phone numbers (educational/employment/personal)
Please do not list relatives or employees of Concord Baptist Church Preschool

Name Address/City/Zip Telephone (A.C.+no)

1.

2.

3.

Employment history:

1. Dates _____ to _____ Position _____ Salary _____

Employer _____ Reason for leaving _____

Phone Number (Area Code + number) _____

2. Dates _____ to _____ Position _____ Salary _____

Employer _____ Reason for leaving _____

Phone Number (Area Code + number) _____

3. Dates _____ to _____ Position _____ Salary _____

Employer _____ Reason for leaving _____

Phone Number (Area Code + number) _____

May these employers be contacted for a reference? _____

Have you ever been convicted of any felony/misdemeanor including deferred adjudication?

_____ If so, describe _____

I am aware that a criminal history record check is made on all prospective weekday employees.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview may result in termination. I understand that I am required to abide by all rules and regulations of the program.

Signature of applicant _____ Date _____

I am available to begin work on _____