

NEW HORIZONS LEARNING TREE CHILDCARE MINISTRY

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alternate Phone:		
E-mail Address			
Are you over 18?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Some positions require someone over 21. Are you over 21?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Have you ever been arrested or charged with a violent crime or a crime relating to abuse or neglect of a minor?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Can you pass a background check?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, explain	
Do you use illegal drugs?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Can you pass a drug-screen?	YES <input type="checkbox"/> NO <input type="checkbox"/>

JOB SPECIFIC	
Date Available	Hours and Days Available/Preferred to work
Position Applied for	Desired Salary
Can you perform the duties of this job, or perform them with reasonable means of assistance?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you currently taking any prescribed or over-the-counter drugs that would interfere with your ability to perform this job to our standards?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain
Have you ever been discharged for cause?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
May we contact your present employer without jeopardizing your position? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

TEACHING QUALIFICATIONS

Please list any skills you have that may add to the enrichment of the classroom.

Are there any subject areas or specific content that you do not feel comfortable teaching? If yes, please list below.

What would you do with a child who is not sitting still during your Circle (Learning) Time?

What makes for a good classroom climate and environment?

List specific actions you would take in classroom situations to influence children's behavior.

What do you believe are your strengths in the classroom?

What do you believe are your weaknesses in the classroom?

Are you currently CPR and/or 1st Aid Trained? Have you ever received Universal Precautions training?

SPIRITUAL BACKGROUND

We are a Ministry Daycare and teachers are required to teach Christian principles from the Bible on a regular basis. Is this something you feel you are equipped to do?

Yes:

No
(please explain):

Please give a brief history of your spiritual life:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that this employer will investigate the information I have furnished herein so as to verify its accuracy and completeness. I hereby authorize my former employers, physicians and school officials to give this employer any truthful information concerning me that is within their knowledge or records. I understand that a false or misleading statement by me regarding any material facts requested in this application will be just cause for rejection of my application or for discharge from employment in the event that I am hired.

Signature

Date