



## Application for Employment

In order for you application to be properly evaluated it is essential that all of the following questions be answered carefully and completely.

### Personal Information

(Please Print Legible)

Date available for employment: \_\_\_\_\_ Start: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

First

Middle

Last

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

Street

City

State

Zip Code

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ How did you hear about this position? \_\_\_\_\_

Have you worked or attended school under any other name(s)? \_\_\_Yes \_\_\_No If yes, please provide names \_\_\_\_\_

### Person to call in case of Emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If hired can you furnish proof that you are eligible to work in the United State? (Employment is contingent upon satisfactory proof of eligibility to work in the United States) \_\_\_Yes \_\_\_No

## Position Desired

Position Desired \_\_\_\_\_

Are you seeking \_\_\_\_\_ Full time (or) \_\_\_\_\_ Part time?

Can you work any Shift? \_\_\_ Yes \_\_\_ No Only from \_\_\_\_\_ to \_\_\_\_\_

Do you have any special skills, training, or experience which may help you qualify for the position? (Use back of sheet if necessary)

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What three responsibilities do you see as the most important for the position?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What is your favorite children's Book? \_\_\_\_\_

Have you ever worked for FCCPS before? \_\_\_ Yes \_\_\_ No If yes, when \_\_\_\_\_

Have you ever applied here before? \_\_\_ Yes \_\_\_ No If yes, when \_\_\_\_\_

Do you have any relatives already employed at FCCPS? \_\_\_ Yes \_\_\_ No

Name \_\_\_\_\_

Do you have dependable transportation? \_\_\_ Yes \_\_\_ No

Do you have a current CPR and First Aid Card? \_\_\_ Yes \_\_\_ No Expiration Date: \_\_\_\_\_

I do realize this is a Bible based and a Christian environment? \_\_\_ Yes \_\_\_ No Can you perform the job requirement (either with or without reasonable accommodations)?

Once you receive a FCCPS Handbook. Will you abide by the handbook? \_\_\_ Yes \_\_\_ No

Do you have any questions about your job requirements or description? \_\_\_ Yes \_\_\_ No

Do you attend Family Christian Center? \_\_\_ Yes \_\_\_ No If not where do you attend?

\_\_\_\_\_ What activities do you attend or have participated in at your church? \_\_\_\_\_

Have you ever been charged, arrested or convicted of a felony or misdemeanor?  Yes  No  
If yes give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment by you?  Yes  No If yes give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Have you ever been accused, disciplined or terminated from employment (either through dismissal or resignation) for reason(s) related to an allegation or theft or mishandling of monies or company property?  Yes  No If yes give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you?  Yes  No No If yes give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

### **If hired, you must have the following by your start date:**

1. All Paperwork completed and notarized.
2. Enrolled in or completed 45 hour state classes
3. Enrolled in CPR and First Aid
4. Copy of Driver's License and Social Security Card
5. Fingerprinting returned from the state

### **Employee Probation Period**

I, \_\_\_\_\_ understand that beginning on my hire date of \_\_\_\_\_ I am automatically under a 90 day probation period and understand that during this time a 30 day or a 60 day review may be called by my pastor or supervisor. I understand my beginning wage is \$\_\_\_\_\_hr.

## Educational Background

Type of School	Name/Location	Number of Years Completed	Major	GPA	Degree Obtained
High School					
College					
Graduate					
Vocational					
State 45 Hours					
CDA					

Family Christian Preschool shall comply with appropriate federal and state laws and regulations prohibiting discrimination based on race, color, gender, national origin protected, age category, religion or qualified disability.

## References

May we contact the employer's listed? \_\_\_Yes \_\_\_No If not, please indicate which one(s) you do not wish us to contact by putting a check by the number.

### Personal References (Not Related to You)

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. \_\_\_\_\_
5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## References

1. Employed: From: \_\_\_\_\_ to \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
2. Employed: From: \_\_\_\_\_ to \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_
3. Employed: From: \_\_\_\_\_ to \_\_\_\_\_  
Company Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Applicant's Declaration, Authorization and Release

My answers on the application and on any resume I provided are complete and true. I understand that the submission of any false or incomplete information in connection with my application whether or on this or other documents or on interviews will be cause for my rejection of application or the termination of my employment at any time. I authorize Family Christian Center Preschool and it's agents to verify any information related to my application or resume. I also authorize individuals, schools, employers and law enforcement or government officials to freely release any information concerning my background and hereby release any of them from any liability for doing so. If Family Christian Center Preschool employs me, I understand I will be employed on an at will basis for an indefinite period of time and the Family Christian Center Preschool may terminate my employment at any time for any reason.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_