

FOR OFFICE USE ONLY
DATE BEGAN EMPLOYMENT _____

FIRST PRESBYTERIAN CHURCH—CHILDCARE/NURSERY WORKER APPLICATION
900 Greensboro Ave
Tuscaloosa, AL 35401
205-752-3531

NAME _____ LAST _____ FIRST _____ MIDDLE _____ SS # _____

LOCAL MAILING ADDRESS _____

HOME MAILING ADDRESS (IF COLLEGE STUDENT) _____

LOCAL TELEPHONE NUMBER _____ CELL _____

HOME TELEPHONE NUMBER (IF COLLEGE STUDENT) _____

EMERGENCY NUMBERS: _____

E MAIL ADDRESS: _____

EDUCATION BACKGROUND

SCHOOL	# OF YEARS COMPLETED	DEGREE OR DIPLOMA	MAJOR	OTHER TRAINING

VOLUNTEER EXPERIENCE (Indicate position when appropriate, include Church work)

WHAT EXPERIENCE DO YOU HAVE WITH CHILDREN?

WHAT DAYS AND HOURS ARE YOU AVAILABLE?

WHAT TIMES OF THE YEAR WOULD YOU NOT BE AVAILABLE TO WORK?

HOW DID YOU FIND OUT ABOUT THIS OPENING?

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address		Hourly Rate/Salary		
Job Title		Starting		
Immediate Supervisor and Title		Per		
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Per		
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address		Hourly Rate/Salary		
Job Title		Starting		
Immediate Supervisor and Title		Per		
Reason for Leaving		Hourly Rate/Salary		
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Address		Hourly Rate/Salary		
Job Title		Starting		
Immediate Supervisor and Title		Per		
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Per		

Comments (including explanation of any gaps in employment)

May we contact for references? Yes No Later

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with *SK:Adren.*

REFERENCES

List name and telephone number of three business work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	
	()	

CONVICTION REPORT

Have you ever been convicted of a violation of law other than a minor traffic violation? (If yes, explain on back.) No Yes
 Have any criminal charges or proceedings pending against you? (If yes, please explain on back.) No Yes
 Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, rape of a child? (If yes, explain on back.) No Yes

SIGNATURE OF APPLICANT _____ DATE _____

BACKGROUND INVESTIGATION CONSENT

I, (Print Name) _____ hereby authorize our church pastor in the area of requested employment or volunteering, and the Director of Finance and Administration Office, to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those by both public and private organizations and all public records for the purpose of confirming the information contained on my application or volunteer form(s), and/or obtaining other information which may be material to my qualifications for employment or as a volunteer now and, if applicable, during the tenure of my employment or as a volunteer with our church.

I release (name of church) _____ and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claim or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed) _____
Phone # _____
Maiden Name or Other Names Used _____
Present Street Address _____
City/State/Zip Code _____
Length of time at present address _____
Former Street Address _____
City/State/Zip _____
Length of time at former address _____
Date of Birth ____/____/____
Social Security Number ____-____-____
Driver's License # _____
State of License _____
Signature _____ Date _____

***NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment or placement.**