

For Office Use Only

Date Received _____

Began Employment _____

T.B. Test _____

First Presbyterian Preschool
900 Greensboro Avenue
Tuscaloosa, AL 35401
(205) 758-3223

APPLICATION FOR EMPLOYMENT

Name

Last

First

MI

SS#

Address

City

Zip

Telephone: Home ()

Cell ()

Position Desired

Emergency Numbers

EDUCATION BACKGROUND

A. List schools attended, starting with High School. **B.** List number of years completed.
C. Indicate degree or diploma, if any. **D.** Major. **E.** Other types of training.

A. School	B. No. of Years Completed	C. Degree/ Diploma	D. Major	E. Other Training

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 ()	Date Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title				
Hourly Rate/Salary				
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 ()	Date Employed		Summarize the nature of the work performed and job responsibilities.
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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)

Skills and Qualifications: Summarize special skills and qualification acquired from employment or other experiences that may qualify you to work with our Preschool.

Volunteer Experience (indicate position when appropriate, include Church work)

Special skills, talents, abilities, interests, hobbies

Why would you like to teach preschool?

What age do you prefer to work with? Indicate first and second choice.

What days and hours are you available?

Which parts of the year would you like to work?

Summer _____

Fall/Spring _____

Year Round _____

REFERENCES

List names and telephone numbers of three (3) business work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal 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

Are any criminal charges or proceedings pending against you? (If yes, explain on back.).....No Yes

Have you been convicted of any offense involving the sexual molestation, physical or sexual abuse, or 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.*