



Date: _____

Application for Employment

Last Name	First Name	First Name		
Date of Birth	Social Security	Social Security #		
Address	City	State	Zip	
How long have you lived at	this address?	Phone #		
Position applied for		Email Addre	ess	
How did you learn about u	s?			
Advertisement Friend	Relative Inquiry	Other		
Church Membership			Pastor	
Do you have a physical con	dition that may limit your	ability to perform th	e job for which you are	
Do you have a physical con applying? If so,	dition that may limit your describe	ability to perform th	e job for which you are	
Church Membership Do you have a physical con applying? If so, on the source of hours per week you be cribe any special circum	dition that may limit your describeyou prefer to work	ability to perform th	e job for which you are	
Do you have a physical con applying? If so, on the solution of hours per week you be cribe any special circum	dition that may limit your describeyou prefer to worknstances regarding your wo	ability to perform th	e job for which you are	
Do you have a physical con applying? If so, on the source of hours per week you ever (while employed).	dition that may limit your describeyou prefer to worknstances regarding your wo	ability to perform th	e job for which you are	

Education

School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Describe any specialized training, apprentice employment or other experiences.	ceship and job related skills and qualifications acquired from
Extra curricular activities, hobbies and inter	erests
Employment History	
Employer Name and Address:	Dates Employed Work Performed: From To
Telephone:	Starting/present Job Title:
Supervisor:	May we contact? Yes No
Reason for Leaving:	Hourly Rate/Salary Starting: Final:
Employer Name and Address:	Dates Employed Work Performed: From To
Telephone:	Starting/present Job Title:
Supervisor:	May we contact? Yes No
Reason for Leaving:	Hourly Rate/Salary Starting: Final:
Employer Name and Address:	Dates Employed Work Performed: From To
Telephone:	Starting/present Job Title:
Supervisor:	May we contact? Yes No
Reason for Leaving:	Hourly Rate/Salary Starting: Final:

REFERENCES (Please include your pastor as one of your references)							
Name	Relationship						
Address	City	State	Zip				
Phone							
Name	Relationship						
Address	City	State	Zip				
Phone							
Name	Relationship						
Address	City	State	Zip				
Phone							
We consider applicants for all positions without regard to race, color religion, creed, gender, National origin, age disability, marital or any other legally protected status.							
The facts set forth in my application for emplo	oyment are true	and complete. I understar	nd that if employed,				
misstatements or omissions of facts on this application shall be considered sufficient cause for dismissal.							
I authorize Christ Memorial Child Care Center to contact any individual or organization listed on this							
application.							
I understand that the benefits I will receive from my employment with Christ Memorial Child Care Center will							
be discussed with and explained to me at the time I am hired.							
I understand that I may terminate my relationship with the center at any time, with or without cause, and the							
center reserves the same right. I understand that no manager or representative of the center or of Christ							
Memorial Church (the "church"), other than the church council of the church, together with the board of							
directors of the center, has any authority to ender into any agreement for any specified period of time or to make							
any agreement contrary to the foregoing.							

Signature of Applicant

Date