

First Assembly Child Care Employment Application

Personal Information

Date of Application: _____

NAME: _____
(Last) (First) (Middle) (Maiden)

ADDRESS: _____
(Street or Box)

(City) (State) (Zip)

CELL PHONE: _____ SSN: _____

MALE: _____ FEMALE: _____ BIRTHDAY: ____/____/____

NEXT OF KIN: _____
(Name) (Relationship)

(Street or Box)

(City) (State) (Zip)

(Phone Number)

If married, spouse's name: _____

Do you have children? _____ If so, how many? _____

Ages and names: _____

List any Physical Disabilities that would affect your working capabilities: _____

Do you use any of the following?

Alcohol? _____ Drugs? _____ Tobacco in any form? _____

Employment History

Starting with your PRESENT or MOST RECENT employer, list in consecutive order ALL EMPLOYMENT for at least the past FOUR employers. If currently still employed, may we contact your employer? Yes: _____ No: _____

FULL NAME OF COMPANY: _____

TELEPHONE: _____ DATES EMPLOYED: _____ - _____

ADDRESS: _____
(Street or Box)

(City) (State) (Zip)

SUPERVISOR: _____
(Name) (Title)

YOUR PREVIOUS POSITION: _____
(Title)

REASON FOR LEAVING: _____

FULL NAME OF COMPANY: _____

TELEPHONE: _____ DATES EMPLOYED: _____ - _____

ADDRESS: _____
(Street or Box)

(City) (State) (Zip)

SUPERVISOR: _____
(Name) (Title)

YOUR PREVIOUS POSITION: _____
(Title)

REASON FOR LEAVING: _____

FULL NAME OF COMPANY: _____

TELEPHONE: _____ DATES EMPLOYED: _____ - _____

ADDRESS: _____
(Street or Box)

(City) (State) (Zip)

SUPERVISOR: _____
(Name) (Title)

YOUR PREVIOUS POSITION: _____
(Title)

REASON FOR LEAVING: _____

FULL NAME OF COMPANY: _____

TELEPHONE: _____ DATES EMPLOYED: _____ - _____

ADDRESS: _____
(Street or Box)

(City) (State) (Zip)

SUPERVISOR: _____
(Name) (Title)

YOUR PREVIOUS POSITION: _____
(Title)

REASON FOR LEAVING: _____

References:

Please list THREE personal references who are not relatives or former employers.

NAME: _____

ADDRESS: _____

TELEPHONE: _____ OCCUPATION : _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ OCCUPATION : _____

RELATIONSHIP: _____ YEARS KNOWN: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____ OCCUPATION : _____

RELATIONSHIP: _____ YEARS KNOWN: _____

Spiritual Information

Are you:

Born again? (John 3:3) _____ Baptized in the Holy Spirit? (Acts 2:4) _____

Do you believe that the Bible is the inspired word of God? _____

Do you believe that Jesus Christ is Lord and that it is by Him and through Him that we are saved? _____

Are you committed to a local church? Yes: _____ No: _____

If so, where? _____
(Name of church)

(Address)

Pastor: _____ Phone: _____

Are you living a consistent Christian lifestyle? _____

Do you support your church financially on a consistent basis? _____

Education:

Highest Grade of School Completed: _____

Years of College Completed (1-4): _____ Masters: _____ Doctorate: _____

University or College: _____

Major: _____

Are you currently enrolled? _____

Other Training (Describe): _____

List any special qualifications or gifts that will help you in this employment: _____

Social Media

Are you on any of the following social media platforms?

Facebook: _____ Twitter: _____ Instagram: _____

Pinterest: _____ LinkedIn: _____ WordPress: _____

If you answered "yes" to any of the above platforms, please provide the platform(s) you use and your user name here: _____

First Assembly Child Care Pastoral Letter for Employees

Name of Employee: _____

The above listed is employed at First Assembly Child Care. Since we are a Christian daycare, we want to be sure that all of our teachers are Christ-committed to a local church and living a lifestyle consistent with representing a Christian community.

This employee listed your church as the church where his/her membership and attendance are. Will you please answer the following questions to help us determine their suitability for the position they are employed for? All the information given by you will be kept in confidence.

1. How long have you known the above listed employee? _____

2. Are they a regular member of your church? Yes: _____ No: _____

If yes, then for how long? _____

3. How regularly do they attend your church? _____

4. What do you perceive to be this employee's best qualities? _____

5. What do you perceive to be this employee's greatest weakness? _____

6. Do you know of any incidents or examples in which this employee compromised their Christian Faith or moral integrity? _____ If yes, please explain: _____

7. Please rate this employee's ability to get along with others:

Outstanding: _____ Excellent: _____ Good: _____ Fair: _____ Poor: _____

8. Please rate this employee's ability to relate to authority:

Outstanding: _____ Excellent: _____ Good: _____ Fair: _____ Poor: _____

9. Please rate this employee's leadership skills:

Outstanding: _____ Excellent: _____ Good: _____ Fair: _____ Poor: _____

10. Please rate this employee's ability to overcome adversity:

Outstanding: _____ Excellent: _____ Good: _____ Fair: _____ Poor: _____

11. Do you know anything that would bring into question this employee's suitability to work with small children? _____ If yes, please explain: _____

12. Would you recommend that we keep this employee as a daycare teacher?

Yes: _____ No: _____

Name and Title

Name of Church

Signature

Date signed