

Viewmont Baptist Church After School Ministry

Application for Employment

(Fully complete both pages)

Date of Application _____

Please Print

| | | | | | | | |
|----------------------------------|----------|--|--|------------|----------------|-------------|--|
| Social Security Number | | Last Name | | First Name | | Middle Name | |
| Address (street number and name) | | | | City | | County | |
| State | Zip Code | Phone (home or where you can be reached) | | | Business Phone | | |

Position Applied For: _____

Date of Birth: ____/____/____ NC Driver's License Number _____
(month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation?

YES NO If yes, give the date and explain fully on an additional piece of paper if more space is needed.

Have you ever had a Department of Social Services (DSS) substantiation?

YES NO If yes, list County/State, give the date and explain fully on an additional piece of paper if more space is needed.

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Education

| Schools | Name and Location | Dates Attended | Course of Study | Degree/Diploma |
|---------------------------------------|-------------------|----------------|-----------------|----------------|
| High School | | to | | |
| | | | | |
| College or University | | to | | |
| | | to | | |
| | | to | | |
| | | to | | |
| | | to | | |
| Graduate or Professional | | to | | |
| | | to | | |
| Educational, Vocational Schools, etc. | | to | | |
| | | to | | |
| | | to | | |

Child care training you have completed in the last three years (including first aid, CPR):

Date you can begin work: _____ Hours you can work: _____

Are you willing to obtain a CDL bus driver's license and drive a bus transporting 20 children? Yes No

References

List the names, addresses and phone numbers of two people we may contact as references:

Work History

| | | | | |
|--|-------|--------|--------------------|---|
| Current or Last Employer | | | Address | |
| Job Title | | | Supervisor's Name | No. Supervised by you |
| Date Employed (mo/yr) | | | Reason for leaving | May we contact employer? yes no |
| Date Separated (mo/yr) | | | Duties: | |
| Full Time | Years | Months | | |
| Part Time | Years | Months | | |
| If part time, number of hours per week | | | | |

| | | | | |
|--|-------|--------|--------------------|---|
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| Full Time | Years | Months | | |
| Part Time | Years | Months | | |
| If part time, number of hours per week | | | | |

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____