



6300 Washington Ave.
Evansville, IN 47715
(812) 491-1514

Employment Application (PLEASE PRINT)

Personal Information

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____

Email address: _____

Best contact method: CELL or EMAIL (circle one)

Date of birth: _____

Emergency contact information:

In case of an emergency, notify: _____

Phone #: _____ Relationship: _____

Office Use Only: Called _____ Interviewed: _____ Hired: _____

Education

College (Name & location, # of years attended, year graduated, degree type)

Former Employers:

Current Employer: _____
Phone #: _____ Supervisor Name: _____
Dates Employed: _____ Position: _____
Reason for leaving: _____

Employer #2: _____
Phone #: _____ Supervisor Name: _____
Dates Employed: _____ Position: _____
Reason for leaving: _____

Employer #3: _____
Phone #: _____ Supervisor Name: _____
Dates Employed: _____ Position: _____
Reason for leaving: _____

Other work experience or volunteer work you would like us to know about?

References

Name, position/relationship, and phone number

1. _____
2. _____
3. _____

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AUTHORIZATION TO RELEASE INFORMATION

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have, you ever offered a resignation to previous employer for misconduct? Yes _____ No _____

2. Have you ever been reprimanded, disciplined, discharged or asked to resign from a prior position? Yes _____ No _____

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual misconduct with another person, or mishandling of funds, or criminal conduct?
Yes _____ No _____

4. Have you ever been charged with or investigated for sexual abuse of another person or indecency with a minor? Yes _____ No _____

5. Have you ever been charged with, plead guilty or "no contest" to, or been convicted of any crime involving sexual abuse of any person?
Yes _____ No _____

6. Have you (a) ever been convicted of a crime, other than a minor traffic offence; or (b) ever entered a plea of "no contest", or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation or in a public service or education program, for any crime other than minor traffic offense? Yes _____ No _____

If you answered yes to any of the above questions, explain the circumstances on a separate sheet and attach to this application.

These questions are a part of the application and any misrepresentation or omission of facts may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

I acknowledge legitimate business need for American Baptist East/Mighty Kids Childcare & Preschool to fully investigate my background and employment history in the application process. I also acknowledge the importance of the full and truthful participation of those persons having information about my background and employment history in the process.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release investigatory information processed by any private or public employer or any state, local, or federal agency. I further authorize those persons, agencies or entities that American Baptist East/Mighty Kids Childcare & Preschool contact in connection with employment application to fully provide American Baptist East/Mighty Kids Childcare & Preschool any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, or invasion of privacy that I might otherwise have against American Baptist East/Mighty Kids Childcare & Preschool, its agents and officials or against any provider of such information.

Signature: _____ Date: _____

Printed Name: _____

SS#: _____ Date of birth: _____

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Can you please tell me a little about yourself and your background?

Why are you interested in working with children?

Do you have any special qualifications?

What kind of experience do you have working with children?

What do you dislike about working with children?

What is your best experience in working with children?

What is your worst experience in working with children?

What is your strongest or best attribute when caring for children?

What is your weakest attribute when working with children?

How do you handle discipline?

What would you expect out of a daycare if it were you sending your own child?

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How do you feel about working in a Christian environment?

Do you have any CPR and/or first aid training?

Why did you leave your previous job?

Are you looking for full time or part time employment?

When would you be able to start employment?

Is there anything else important about you or your life that I should know about?

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RANDOM DRUG TESTING RELEASE

I do hereby freely and voluntarily agree to submit to any lawful drug, alcohol, or other testing that may be required as a condition of employment or continued employment and understand that refusal to promptly submit and cooperate with such testing prior to or during the course of my employment will result in disqualification from consideration for employment or, if hired, termination.

I will hold all parties concerned harmless. This means I will not sue or hold responsible the parties for alleged harm to me, such as which interferes with my obtaining a job or continuing employment, not submitting to the test; or as a result of the test report (including possible clerical or laboratory error.)

This policy and authorization has been explained to me in a language I understand and I was told that if I have any questions about the test that they would be answered. I understand this is a legal and binding document because American Baptist East/Mighty Kids Childcare & Preschool is sending me for the drug screening at its expense.

Signature: _____ Date: _____

Printed Name: _____

SS#: _____ Date of birth: _____

DIGITAL FINGERPRINTING EXPENSE

I understand that if hired, digital fingerprinting must be completed. If employment ends prior to 90 days of employment, the cost of the digital fingerprinting will be deducted from my final paycheck. The amount as of the signed date is \$39.00.

Signature: _____ Date: _____

Printed Name: _____

****Please include a copy of your driver's license and the state you were born.

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