



Name _____ Phone Number _____

Email _____

Position Applied For: _____ Full Time ___ Part Time ___

APPLICATION INSTRUCTIONS:

- You must fully and accurately complete the Application. Resumes may be substituted for any part of the application.
- You must be committed to the ministry, philosophy, and goals set by Grace Academy (a ministry of Grace Bible Church).
- All Applications are considered inactive after one year.

Prior experience _____

Number of Hours you desire to work: _____

Specific area you would like to work: _____

Why would you like this position?

Please share your faith and salvation testimony?

Are you currently a part of a local church body? _____

Name of Church _____

Applicant Signature _____ Date _____

Application for Employment

(Fully complete both sides of form)

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: _____ / _____ / _____ N. C. Driver's License Number _____
(month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation? (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

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

Education

Circle the highest grade **1 2 3 4 5 6 7 8 9 10 11 12 GED** College 1 2 3 4 completed:

Schools	Name and Location	Dates Attended	Coursed 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		
		to		

Child care training you have completed in the last three years (such as first aid, CPR, CDA, etc.) -

References

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

Work History

(List child care/early childhood experience first.)

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ Per	Ending Salary \$ Per	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						

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ Per	Ending Salary \$ Per	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						

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)		Starting Salary \$ Per	Ending Salary \$ Per	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						

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 _____

PERSONAL INFORMATION CONTINUED

Name: _____
Last *First* *Middle*

Have you ever been convicted of or charged with a felony or misdemeanor: Yes No
If yes, please give explanation with dates and references.

Are you divorced and/or re-married?: Yes No If yes, please give explanation.

Have you ever been convicted of a crime other than minor traffic violations? Yes No
If yes, please give explanation with dates and references.

Have you or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been subject of any receivership proceedings within the last 7 years?
Yes No
If yes, please give explanation with dates and references.

Have you ever been dismissed or asked to resign from a previous employer? Yes No
If yes, please give explanation with dates and references.

Have you ever had a problem with or convicted of possession / use of illegal drugs, drunkenness, DUI, battering, child abuse, molestation, sexual harassment, pornography or any other similar behavior or practices? Yes No
If yes, please give explanation with dates and references

PERSONAL INFORMATION CONTINUED

Business References:

Name: _____ Company _____
Position: _____ Phone# _____
City/State; _____

Name: _____ Company _____
Position: _____ Phone# _____
City/State; _____

Personal References:

Name: _____ Phone# _____
of years known _____ Relationship _____
City/State; _____

Name: _____ Phone# _____
of years known _____ Relationship _____
City/State; _____

SKILLS AND INTERESTS

Please list any extra-curricular activities that you will be willing to coach or assist.

Please list any special skills, talents, or abilities that you believe will help you to perform well in the position.