



Employment Application

Personal Information

Date _____
 Position Applied For _____
 Name _____
 Address/City/State/Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 Email Address _____
 Time at this address _____ Marital Status _____ Social Security Number _____

Members in Household:

Name _____ Relationship _____ Age (children only) _____
 Name _____ Relationship _____ Age (children only) _____
 Name _____ Relationship _____ Age (children only) _____
 Name _____ Relationship _____ Age (children only) _____
 Name _____ Relationship _____ Age (children only) _____

Church Membership _____
 Church Address & Phone _____
 Salary Desired _____ Hours Available Per Week _____ Date Available _____

Emergency Contact Information

Name _____ Relationship _____
 Address/City/State/Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Education Information

High School graduation documentation or college transcripts are required prior to employment.

Name of High School _____

Diploma GED None - Highest Grade Completed _____

COLLEGE, UNIVERSITY, BUSINESS CORRESPONDENCE, TRADE, TECHNICAL OR VOCATIONAL SCHOOL	DATES OF ATTENDANCE MONTH/YEAR	AREA OF STUDY	CERTIFICATE DIPLOMA/DEGREE RECEIVED	DEGREE RECEIVED & DATE
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Please list below any other education, completed courses or work experience that would apply to your desired position within our organization (i.e. CPR, First Aid Certification, computer experience, office experience, etc.) _____

Transportation Information

Do you have reliable means of transportation to and from work? _____

Driver's License Number _____ State Issued _____ Exp. Date _____

Type of Driver's License: Operator Commercial (CDL) Other

Have you ever been arrested or convicted of a crime? No Yes

If yes, please explain the number of conviction(s), nature of offense(s), sentence(s) imposed and type of rehabilitation:

Employment History

In reverse chronological order, list below all present and past employment held during the past two years or three jobs.

Place of Employment #1 _____

Address/City/State/Zip _____

Phone _____ Dates of Employment _____ to _____

Position _____ Supervisor _____ Supervisor Phone _____

Reason for Leaving _____

Job Duties & Responsibilities _____

Office Use Only - Reference Verification

Would you re-employ this person? Yes No

Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children? Yes No

If yes, please give full details including any sources that could provide additional information _____

Additional Comments:

Completed by _____ Date _____

Place of Employment #2 _____
Address/City/State/Zip _____
Phone _____ Dates of Employment _____ to _____
Position _____ Supervisor _____ Supervisor Phone _____
Reason for Leaving _____

Job Duties & Responsibilities _____

Office Use Only - Reference Verification

Would you re-employ this person? Yes No

Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children? Yes No

If yes, please give full details including any sources that could provide additional information _____

Additional Comments:

Completed by _____ Date _____

Place of Employment #3 _____
Address/City/State/Zip _____
Phone _____ Dates of Employment _____ to _____
Position _____ Supervisor _____ Supervisor Phone _____
Reason for Leaving _____

Job Duties & Responsibilities _____

Office Use Only - Reference Verification

Would you re-employ this person? Yes No

Are you aware of any information that might affect this person's suitability for employment when he or she would come into direct contact with children? Yes No

If yes, please give full details including any sources that could provide additional information _____

Additional Comments:

Completed by _____ Date _____

All employees of Crosspoint must be physically, emotionally, and mentally capable of fulfilling the duties normally performed in a childcare setting. These include but are not limited to lifting small children, participating in games and movement activities, preparing written lesson plans based on our curriculum, initiate age appropriate activities, and communicate effectively with children, parents, and staff members.

Are you able to perform the essential function of the job with or without reasonable accommodation? Yes No

If no, please explain: _____

I attest that all statements and information provided on this application for employment have been answered willingly and are both true and complete.

Signature _____ Date _____