



EMPLOYMENT APPLICATION

All information on this application must be truthful and correct. Falsification or misrepresentation on the application is cause for immediate dismissal.

PERSONAL INFORMATION

Date _____

Position Applied For _____

Name _____

Address/City/State/Zip _____

Citizenship USA Other _____

Have you lived in any state other than Florida in the past 5 years? Yes No

If yes, please list states _____

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

Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? Yes No

Have you ever worked in a childcare facility? Yes No

While employed in a child care program, have you ever been the subject of disciplinary action, or been the party responsible for a child care family receiving an administrative fine or other disciplinary action? Yes No

If yes, please explain: _____

In reverse chronological order, list below all present and past employment held during the past five years. If necessary, please copy the next page to indicate additional employment.

Place of Employment #1 _____
Address/City/State/Zip _____
Phone _____ Dates of Employment _____ to _____
Job Title _____ Supervisor _____ Contact Phone _____
Reason for Leaving _____

Job Duties & Responsibilities _____

OFFICE USE ONLY - REFERENCE VERIFICATION

Job Title _____ Dates of Employment _____
Job Performance _____
Supervisor _____ Date _____
Dates of Unsuccessful Attempts to Verify #1 _____ #2 _____ #3 _____
Unable to verify employment - reason _____
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 _____
Job Title _____ Supervisor _____ Contact Phone _____
Reason for Leaving _____

Job Duties & Responsibilities _____

OFFICE USE ONLY - REFERENCE VERIFICATION

Job Title _____ Dates of Employment _____
Job Performance _____
Supervisor _____ Date _____
Dates of Unsuccessful Attempts to Verify #1 _____ #2 _____ #3 _____
Unable to verify employment - reason _____

OFFICE USE ONLY - REFERENCE VERIFICATION CONTINUED

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 _____

Job Title _____ Supervisor _____ Contact Phone _____

Reason for Leaving _____

Job Duties & Responsibilities _____

OFFICE USE ONLY - REFERENCE VERIFICATION

Job Title _____ Dates of Employment _____

Job Performance _____

Supervisor _____ Date _____

Dates of Unsuccessful Attempts to Verify #1 _____ #2 _____ #3 _____

Unable to verify employment - reason _____

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: _____

Your employment with the church constitutes at-will employment and is specified for no period of time. You are free to resign at any time, for any or no reason. Similarly, the church is free to conclude its employment relationship with you at any time, with or without notice and with or without cause. Your at-will status can only be modified in an express writing signed by both you and an official of the church. By your signature, you acknowledge, understand and agree that your employment relationship with the church is at-will. The church may prospectively modify your job title, duties, compensation and benefits from time to time as it deems necessary, in its sole discretion.

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 _____