



**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<br>CORRESPONDENCE, TRADE, TECHNICAL<br>OR VOCATIONAL SCHOOL | DATES OF<br>ATTENDANCE<br>MONTH/YEAR | AREA<br>OF<br>STUDY | CERTIFICATE<br>DIPLOMA/DEGREE<br>RECEIVED                | DEGREE<br>RECEIVED<br>& 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 \_\_\_\_\_