



The Early Childhood Center
 West Market Street United Methodist Church
 312 West Friendly Avenue
 Greensboro, NC 27401

EMPLOYMENT APPLICATION
PERSONAL INFORMATION

Please Print

Date: _____

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)				Cell phone	

Date of Birth _____ Email address: _____

Special Position(s) applying for _____

If offered a position, when can you start? _____ Salary desired _____

Indicate preference

Employment Status Full Time ___ Part-time ___ Temporary _____

Morning hours _____ Afternoon hours _____

Please list hours you can work _____

Are you currently enrolled in school? _____ If yes, please attach your class schedule.

Have you ever been employed at West Market Street United Methodist Church or the Early Childhood Center? _____

If yes, indicate when _____ What position _____

Do you have any relatives or close acquaintances employed by West Market Street United Methodist Church or the Early Childhood Center? _____

If yes, list name(s) and relationship _____

Are you a U.S. citizen? _____ If no, do you possess an Alien Registration Card? _____

Were you a member of the U.S. Military Service? _____ If yes, please indicate the following

Date entered _____ Date discharged _____ Branch of service _____

Have you even 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, please explain fully and complete the following.

Explanation _____

Date _____ Location _____

Disposition of case _____

EDUCATION

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

Schools	Name and location	Dates Attended	Course of Study	Degree/Diploma
High School				
		to		
College or University		to		
		to		
		to		
		to		
Graduate or Professional		to		
		to		
Educational, Vocation Schools, etc.		to		
		to		
		to		
		to		

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

Certifications Completed (Please include expiration date)

List of Professional Organizations of which you are a member _____

Check the child related experiences you have had (work or volunteer) and give years:

Nanny _____ Private center _____ Religious _____

Public school _____ Handicap/Special Needs _____

Other (specify) _____

PREVIOUS EMPLOYMENT RECORD

May we contact your present employer for a reference? Yes _____ No _____

List jobs beginning with present or most recent employer first:

Date Employed (mo/yr) _____	Date Separated (mo/yr) _____	
Company name _____		
Address _____		
Type of business _____		
Telephone number _____	Job Title _____	
Name of Supervisor _____		
Beginning Salary _____	Ending Salary _____	Hours worked per week _____
Briefly describe your responsibilities _____		
Reason for leaving _____		

Date Employed (mo/yr) _____ Date Separated (mo/yr) _____

Company name _____

Address _____

Type of business _____

Telephone number _____ Job Title _____

Name of Supervisor _____

Beginning Salary _____ Ending Salary _____ Hours worked per week _____

Briefly describe your responsibilities _____

Reason for leaving _____

Date Employed (mo/yr) _____ Date Separated (mo/yr) _____

Company name _____

Address _____

Type of business _____

Telephone number _____ Job Title _____

Name of Supervisor _____

Beginning Salary _____ Ending Salary _____ Hours worked per week _____

Briefly describe your responsibilities _____

Reason for leaving _____

Date Employed (mo/yr) _____ Date Separated (mo/yr) _____

Company name _____

Address _____

Type of business _____

Telephone number _____ Job Title _____

Name of Supervisor _____

Beginning Salary _____ Ending Salary _____ Hours worked per week _____

Briefly describe your responsibilities _____

Reason for leaving _____

PERSONAL REFERENCES

Name _____

Address _____

Home phone _____ Business _____ Occupation _____

Relationship Family _____ Friend _____ Co-worker _____ Other: _____

How long have you been acquainted with this person? _____

Name _____

Address _____

Home phone _____ Business _____ Occupation _____

Relationship Family _____ Friend _____ Co-worker _____ Other: _____

How long have you been acquainted with this person? _____

Name _____		
Address _____		
Home phone _____	Business _____	Occupation _____
Relationship	Family _____	Friend _____ Co-worker _____ Other: _____
How long have you been acquainted with this person? _____		

AGREEMENT

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 false information or 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 or unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications. This application is not a contract of employment and is subject to termination by either party at will.

Signature of Applicant

Date

Thank you for answering each question on this application. Your completed application form will be held for in our files for one year from the date of the application. Please use this space to write about why you are a well-qualified candidate for this position.