

Mansfield 1st EPC Preschool
399 S. Trimble Rd., Mansfield, OH 44906
419-756-0773

EMPLOYMENT APPLICATION

Personal Information:

Today's Date: _____ Social Security # _____ - _____ - _____

Position Applying For: Afternoon Extended Care Teacher

Full Name: _____

Maiden Name: _____

Street Address: _____

City: _____ State: _____

Church Affiliation: _____

Date of Birth: _____ Place of Birth: _____

Home Phone Number: _____

Cell Number: _____

U.S. Citizen? _____ If no, do you have permanent residency? _____

Spouse's Name: _____ Occupation: _____

Business Name: _____ Phone #: _____

Business Address: _____

Names of Children Living At Home:	Age:
_____	_____
_____	_____
_____	_____

Have you ever been convicted of a criminal offense, child abuse or a crime involving actual or attempted sexual molestation of a minor?

Yes _____ No _____ If yes, please explain.

Do you have a current driver's license? Yes _____ No _____ If yes, license #: _____

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EDUCATIONAL BACKGROUND

High School: _____ Year Graduated: _____

Address: _____

College: _____ Year Graduated: _____

Address: _____

College: _____ Year Graduated: _____

Address: _____

Technical School or Other Formal Training

School Name: _____

Address: _____

Type of Training: _____

Certificate or Diploma Granted: _____ Date: _____

Professional Information

Teacher Certification Held:

State: _____ Type: _____ Exp. Date: _____

State: _____ Type: _____ Exp. Date: _____

State: _____ Type: _____ Exp. Date: _____

Other Certificates Held:

State: _____ Type: _____ Exp. Date: _____

State: _____ Type: _____ Exp. Date: _____

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PREVIOUS EMPLOYMENT

List from most recent employer first.

Employer: _____ Position: _____

Address: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____

Dates Employed: _____ to _____

Reason for Leaving: _____

First Aid Certification: Yes ____ No ____ Exp. Date: _____

CPR Certification: Yes ____ No ____ Exp. Date: _____

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PERSONAL REFERENCES

Please list those (other than a relative) who are familiar with your character as it relates to working with young children. References listed will be contacted via phone to be asked a few brief questions.

1. Name: _____ Phone Number: _____
Address: _____
Title: _____ Your relationship to this person: _____
2. Name: _____ Phone Number: _____
Address: _____
Title: _____ Your relationship to this person: _____
3. Name: _____ Phone Number: _____
Address: _____
Title: _____ Your relationship to this person: _____

I understand that:

The information I have provided may be verified if necessary by contacting the persons or institutions listed on this application. I hereby release and hold harmless from liability any persons or institutions who provided such information.

I value the right to inspect any references on my behalf.

Should my application be accepted for employment, I agree to be bound by the By Laws and Policies of Mansfield 1st EPC Preschool and to refrain from unscriptural conduct in the performance of my services on behalf of the Preschool.

In signing this application, I affirm that the information I have given is true and correct.

Applicant's Signature: _____

Date: _____