



818 South King Street
 P.O. Box 1754
 Leesburg, VA 20177-1754
 571-223-6736 (Main)
 571-223-6442 (Fax)

Application for Employment

Name: _____ Date: _____

Street Address: _____ Home Phone # _____

City/State/Zip: _____ Cell Phone# _____

Social Security Number: _____ Date Available: _____

Last TB Test Date: _____ MAT Training: _____

Last CPR Training Date: _____ Last First Aid Training Date: _____

Are you lawfully permitted to work in this country? Yes No

Can you pass a drug test, if required? Yes No

Have you been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

Can you work overtime hours outside the normally defined workday schedule? Yes No

Do you have reliable transportation to work? Yes No

Other than English, what languages do you speak? _____

Education

Position for which applying: _____

Type of School	Name and Address of School	Courses/Major	Last Year Completed	Graduated? Degrees Rec'd
High School and/or G.E.D			1 2 3 4	____ Yes/No ____ Degree
College			1 2 3 4	____ Yes/No ____ Degree
Technical and/or Graduate			1 2 3 4	____ Yes/No ____ Degree

Do you have a current CDA Credential? Yes No

Employment History (Please include all employment for the last ten years (list more recent employment first and work back in time))

May we contact your current employer? Yes No
If "No," please explain: _____

Employer: _____ Phone: _____

Address: _____ Dates of Employment (mm/yy) From ___/___ to ___/___

Job title and description of duties: _____

No. of persons supervised: _____ Hours worked per week: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ Dates of Employment (mm/yy) From ___/___ to ___/___

Job title and description of duties: _____

No. of persons supervised: _____ Hours worked per week: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ Dates of Employment (mm/yy) From ___/___ to ___/___

Job title and description of duties: _____

No. of persons supervised: _____ Hours worked per week: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Employer: _____ Phone: _____

Address: _____ Dates of Employment (mm/yy) From ___/___ to ___/___

Job title and description of duties: _____

No. of persons supervised: _____ Hours worked per week: _____ Salary: _____

Supervisor: _____ Reason for Leaving: _____

Use a separate sheet to list additional employers, if necessary. We may contact the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for exclusion:

Employer's Name: _____ Reason: _____

Employer's Name: _____ Reason: _____

What interests you in the possibility of working in a Christian Child Care Program?

References (Please list 3 references who have known you for at least one year.)

Name	Title	Firm & Address	Telephone	Relationship to You

I hereby certify that the above statements are true and give my permission for any verification. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for refusal of employment or cause of dismissal.

Applicant Signature: _____ Date: _____