



10951 E. County Rd. 100 South
Indianapolis, IN 46231
(317) 839-4673

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Please write clearly. This application will be kept on file. If there are any information changes, please inform the office in order to keep your file current and active. Be sure to sign and date the application.

PERSONAL INFORMATION

NAME: _____ Date of Application: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ SOCIAL SECURITY # _____ Date of Birth: _____
EMAIL: _____

EMPLOYMENT INFORMATION

What experience have you had in working with children: _____

Why would you like to work in Christian Day Care: _____

Do you regularly attend a Bible-believing church? ___ yes ___ no For how long? _____

If yes, please provide the name of the church and the current senior pastor.

Church Name: _____

Current Senior Pastor: _____ May we contact him/her: ___ yes ___ no

Briefly share your Christian testimony: _____

What position/positions are you interested in: _____

What hours are you available to work: _____ Full-time needed _____ Part-time preferred _____ Either, I am flexible.

EDUCATIONAL BACKGROUND

Attend High School? _____ Yes _____ No Where? _____

Did you graduate from High School? _____ Yes _____ No If yes, note year of graduation: _____

Course of study: _____ General Studies _____ College Prep _____ Other: _____

Higher Education? _____ Yes _____ No Number of years attended? _____

Name of college/university/vocational/technical school _____

Degree earned _____ Date received _____

Other information _____

Please list any special training/skills that you obtained: _____

EMPLOYMENT RECORD (List the most recent employer first)

Company Name: _____ Phone: _____

Address: _____

Position: _____ Employed from _____ to _____

Contact person _____ Phone (if different from above) _____

May we contact this person for a work reference? _____ yes _____ no If no, give reason: _____

Company Name: _____ Phone: _____

Address: _____

Position: _____ Employed from _____ to _____

Contact person _____ Phone (if different from above) _____

May we contact this person for a work reference? _____ yes _____ no If no, give reason: _____

Company Name: _____ Phone: _____

Address: _____

Position: _____ Employed from _____ to _____

Contact person _____ Phone (if different from above) _____

May we contact this person for a work reference? yes no If no, give reason: _____

Company Name: _____ Phone: _____

Address: _____

Position: _____ Employed from _____ to _____

Contact person _____ Phone (if different from above) _____

May we contact this person for a work reference? yes no If no, give reason: _____

PERSONAL REFERENCES

(Please list two persons other than family members or previous employers whom have known you for at least one year.)

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Relationship: Neighbor Friend Previous Co-Worker Other

Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Relationship: Neighbor Friend Previous Co-Worker Other

AUTHORIZATION

My signature certifies:

- That the facts contained in this application are true and complete to the best of my knowledge.
- That I understand that a criminal background check is required and will furnish upon request the necessary information needed to obtain this record.
- That I understand that I am giving **Grace Pointe Church of the Nazarene Child Development Ministries**, my permission to check the listed references and any previous employer/employers for any pertinent information necessary as part of the application process.

Applicant's Signature

Date