

AHOSKIE CHRISTIAN CENTER

P. O. Box 155

309 Church Street West

Ahoskie, N.C. 27910

252-209-0540

APPLICATION FOR EMPLOYMENT

(Fully complete this form) Incomplete form will be rejected

PERSONAL INFORMATION

_____ Date of Application

Please Print

Social Security Number		Last Name		First Name		Middle Name	
City / State (street number and name)				City		County	
State	Zip Code	N.C. Driver's License Number		Date of Birth			

CONTACT INFORMATION

E-mail City / State: _____

Home Phone Number: _____

Cell Phone Number: _____

Are you a U.S. citizen? Yes _____ No _____

Are you an alien authorized to work in the United States? Yes _____ No _____

EMERGENCY CONTACT INFORMATION

Relationship to You _____

Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

EMPLOYMENT

DESIRED _____

Position _____ Start date _____ Salary desired \$ _____

Are you currently employed? Yes ___ No ___ If yes, may we contact your employer? ___

Have you ever applied to this company before? Yes ___ No ___ If yes, when? _____

EDUCATION

Name of School

Did you graduate?

High School _____

College _____

Business School _____

Correspondent School _____

FORMAL CHILD CARE EDUCATION (Check appropriate boxes)**(Early childhood education only)**

___ None

___ Child Care Credentials I & II

College Degree Yes___ No

___ Administration I

If Yes List Degree_____

___ Administration I & II

WORK HISTORY (list your Previous three employers)

Current or Last Employer	City / State	
Job Title	Supervisor's Name	Phone Number
Date Employed (mo/yr)	Duties:	
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes No

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Job Title	Supervisor's Name	Phone Number
Date Employed (mo/yr)	Duties:	
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes No

Current or Previous Employer	City / State	
Job Title	Supervisor's Name	Phone Number
Date Employed (mo/yr)	Duties:	
Date Separated (mo/yr)	Reason for Leaving	May we contact employer? Yes No

REFERENCES: (Give the names of three persons not related to you whom you have known at least 3 years)

Name	Phone Number	Relationship	Years Known
1. _____			
2. _____			
3. _____			

PHYSICAL RECORD

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes ____ No ____

If yes, what can be done to accommodate your limitation(s)? _____

Have you been accused and/or convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? Yes ____ No ____ If yes, please explain _____

Do you presently have any communicable diseases (including HIV or AIDS)? Yes ____ No ____
If yes, please explain _____

Do we have permission to do a police background check on you? Yes ____ No ____
If no, please explain _____

Do you smoke? ____ Drink alcoholic beverages? ____ Use illegal drugs? ____

I certify that the facts contained in this application are true and **complete** to the best of my knowledge and understand that incomplete information or falsified statements shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that my result from furnishing same to you.

I understand and agree that if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature

Date