First United Methodist Weekday Ministries
Employment Application

Please clearly print or type all information.

Full name: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address: _____ Position applied for: _____

EDUCATION

All caregivers in licensed facilities are required by Mississippi law to have graduated high school or have a GED.

High School: _____ Year graduated: _____

If not graduated, last year completed: _____ Year GED obtained: _____

College: _____ Major: _____

Hours complete: _____ Degree: _____ Year graduated: _____

Special training or professional certificates that you may attained (CDA, OCY Crediential, etc): _____

_____

_____

PREVIOUS EMPLOYMENT EXPERIENCE

List most recent employer FIRST, then past five years' experience.

Employer: _____ Employment dates: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Name of supervisor: _____

Job title: _____ Starting pay: _____ Ending pay: _____

Describe your duties: _____

Reason for leaving: _____ May we contact this employer? (Y/N) _____

Employer: _____ Employment dates: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Name of supervisor: _____

Job title: _____ Starting pay: _____ Ending pay: _____

Describe your duties: _____

Reason for leaving: _____ May we contact this employer? (Y/N) _____

Employer: _____ Employment dates: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Name of supervisor: _____

Job title: _____ Starting pay: _____ Ending pay: _____

Describe your duties: _____

Reason for leaving: _____ May we contact this employer? (Y/N) _____

Print name: _____ Date: _____

PERSONAL REFERNCES

Please provide three (3) personal references (non-related) other than those listed on previous page.

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Because this is a Christian facility, Jesus' teachings are an important part of daily class times. Describe thoughts or ideas you have for ways to integrate Jesus' teaching into a group setting.

_____

_____

_____

I understand that if I am selected for this position I will be subject to a Federal background check (fingerprinting) and a Mississippi Child Abuse Central Registry Check and that my records must pass the requirements for Child Care Facility employers by the Mississippi State Department of Health. I also understand that I must provide a current Certificate of Immunization Form 121 prior to beginning my employment. I also understand that I must submit documentation supporting my qualifications for the position listed above on this application as outlined in the *Regulations Governing Licensure of Child Care Facilities* and describe to me by the interviewer.

I understand that by signing below I give my permission to First United Methodist Weekday Ministries to perform all criminal records checks, a Child Abuse registry check, previous employment checks and personal references checks, and any other checks required for employment by First United Methodist Weekday Ministries and the Mississippi State Department of Health.

Have you ever been discharged or asked to resign by an employer? (Y/N) _____ If yes, please explain: _____

_____

Have you ever plead guilty or "no-contest" to, or been arrested for or convicted of a misdemeanor (other than minor traffic violations) or felony? (Y/N) _____ If yes, please explain: _____

_____

_____

Applicant's Signature	**Date**

FOR OFFICE USE ONLY – REFERENCE CHECKS

Person contacted: _____	Person contacted: _____
Date contacted: _____	Date contacted: _____
Positive or negative reference: _____	Positive or negative reference: _____
Comments: _____	Comments: _____
_____	_____
Person contacted: _____	Person contacted: _____
Date contacted: _____	Date contacted: _____
Positive or negative reference: _____	Positive or negative reference: _____
Comments: _____	Comments: _____
_____	_____