

# Application for Employment for Pitts Baptist Child Development Center

Date of Application: \_\_\_\_\_ Position Applied: \_\_\_\_\_

## Personal Information (please print)

Last Name	First	Middle	Maiden
Permanent Address			
City	State	Zip Code	
Temporary Address			
City	State	Zip Code	
Home Phone ( )	Work Phone ( )	Cell Phone ( )	
Social Security Number - -	Birthdate / /	NC Driver's License Number	
<p>I swear, under penalty of perjury, that I <b>have not</b> been convicted of a crime, <b>nor</b> have any pending indictments or pending charges, other than a minor traffic violation. _____ (initial)</p> <p>If <b>yes</b>, please explain. (The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>If hired, can you produce proof of your lawful ability to work in the United States? _____ Yes _____ No</p>			

## Educational Information

Education	Name and Location of School	Dates Attended	Did you Graduate? Year?	Subject Studies and Degrees Received
High School				
College/University				
Graduate or Professional				
Vocational or Correspondence School				
<p>List any other skills, knowledge, or qualifications you have related to the job for which you are applying.</p> <p>_____</p> <p>_____</p>				
<p>List any child-care training you have completed in the last three years (such as first aid, CPR, CDA, etc.).</p> <p>_____</p> <p>_____</p> <p>_____</p>				

**Employment Experience (List chronologically, using additional pages if needed)**

Current or Last Employer		Complete Mailing Address	
Job Title	Dates of Employment		Phone Number
Supervisor's Name		May We Contact Employer YES                      NO	
Reason For Leaving	Starting Salary \$                      per	Ending Salary \$                      per	
Job Description/ Duties:			

Current or Last Employer		Complete Mailing Address	
Job Title	Dates of Employment		Phone Number
Supervisor's Name		May We Contact Employer YES                      NO	
Reason For Leaving	Starting Salary \$                      per	Ending Salary \$                      per	
Job Description/ Duties:			

Current or Last Employer		Complete Mailing Address	
Job Title	Dates of Employment		Phone Number
Supervisor's Name		May We Contact Employer YES                      NO	
Reason For Leaving	Starting Salary \$                      per	Ending Salary \$                      per	
Job Description/ Duties:			

Describe any condition that may prevent you from performing certain activities involved in the position for which you are applying (i.e. lifting toddlers, handling an emergency, driving, etc.)			
_____			
_____			
_____			

## Employment References

The names of at least four (4) reference sources. Include current employer if employed, or last employer if not currently employed. References from relatives or persons who can evaluate only your personality and character are **not acceptable**. References who have known you for at least four years and/or are substantially familiar with your educational achievements and work history or performance are preferred.

Name of Reference	Position/Relationship	Complete Mailing Address	Phone Number	FOR OFFICE USE ONLY
1.				
2.				
3.				
4.				

## Church Involvement and References

The names of the last three churches you have attended and the length of time you attended there. Include, also, any volunteer or leadership roles you held in that organization, and a reference who can address your participation, personality, and character in that church.

Name of Church & Town	Volunteer/Leadership Roles	Dates Attended	Reference Name	Reference Phone Number
1.				
2.				
3.				

In a brief paragraph, please outline your Christian testimony. (You may attach additional pages if needed.)

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Please state briefly your reason for wanting a position at Pitts Baptist Child Development Center.

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**Additional Information**

Please use the space below to give any additional information you would like to share about yourself. This information could be: a short autobiography; additional information regarding your cultural and educational background; your preparation, experiences, interests/hobbies, travel; or experiences with children in church, community, camp, or other activities. Please feel free to elaborate on information already given elsewhere in this application.

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I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and/or criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications. Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**PERMISSION FORM TO RUN A BACKGROUND SCREENING FOR EMPLOYMENT/VOLUNTEER PURPOSES**

In connection with my application for employment, I, the undersigned applicant (also known as “consumer”), authorize Pitts Baptist Church through its independent contractor, LexisNexis, to procure background information (also known as a “consumer report and/or investigative consumer report) as a part of considering my candidacy as an employee/volunteer. This report may include my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and the State sex offender records.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to Pitts Baptist Church, if such is made within a reasonable time from the date it was produced. I also understand that I may receive a written summary of my rights under the Fair Credit Reporting Act. The following is my true and complete legal name and all information is true to the best of my knowledge.

Please Print in Black Ink

Applicant’s Last Name: \_\_\_\_\_

Applicant’s First Name: \_\_\_\_\_

Maiden/Other Names Used: \_\_\_\_\_

Applicant’s Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Applicant’s Former Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver’s License Number and State of Issue: \_\_\_\_\_

Name as it appears on Driver’s License: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*All information obtained from this investigation is secured and kept confidential. This is a preliminary background check and, therefore, is not intended to replace the required State Fingerprinting and Background Check for Child Care Providers.