

**FIRST CHURCH OF GOD NOAH'S ARK DAY CARE  
1505 WEST MAIN STREET  
GREENEVILLE, TENNESSEE 37743**

APPLICATION FOR EMPLOYMENT

1. NAME: \_\_\_\_\_  
*Last First Middle*

2. BIRTHDATE: \_\_\_\_\_  
*Month Day Year*

3. ADDRESS: \_\_\_\_\_  
*Street Social Security Number*

\_\_\_\_\_ *City State Zip Telephone Number*

4. Now taking Applications for following positions:

Director \_\_\_\_\_ Teacher \_\_\_\_\_  
Assistant Director \_\_\_\_\_ Aid \_\_\_\_\_  
Substitute \_\_\_\_\_

5. Next of kin or other person to reach in an emergency:

\_\_\_\_\_ *Name Relationship Phone Number*

6. Educational Background (List Diplomas, Degrees, and Certifications):

Title: \_\_\_\_\_

School/Institution: \_\_\_\_\_

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

Dates: \_\_\_\_\_

Title: \_\_\_\_\_

School/Institution: \_\_\_\_\_

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

Dates: \_\_\_\_\_

Title: \_\_\_\_\_

School/Institution: \_\_\_\_\_

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

Dates: \_\_\_\_\_

7. Educational Experiences (List all training programs attended: i.e., workshops, conferences, and courses.)

Title: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Credited: \_\_\_\_\_

Title: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Credited: \_\_\_\_\_

Title: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_ Hours Credited: \_\_\_\_\_

**8. Employment History (List most recent job first):**

Place: \_\_\_\_\_

Position//Job: \_\_\_\_\_

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

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

Reason for leaving: \_\_\_\_\_

May we contact: \_\_\_\_\_

Place: \_\_\_\_\_

Position//Job: \_\_\_\_\_

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

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

Reason for leaving: \_\_\_\_\_

May we contact: \_\_\_\_\_

Place: \_\_\_\_\_

Position//Job: \_\_\_\_\_

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

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

Reason for leaving: \_\_\_\_\_

May we contact: \_\_\_\_\_

**9. Other Experiences with Young Children:**

Place: \_\_\_\_\_

Purpose/Job: \_\_\_\_\_

Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Place: \_\_\_\_\_

Purpose/Job: \_\_\_\_\_

Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Place: \_\_\_\_\_

Purpose/Job: \_\_\_\_\_

Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**10. References (List at least 3 references, including all former employers, other character and business references. Use a separate sheet if necessary.)**

Name/Title: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Length of time known: \_\_\_\_\_

Name/Title: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_ Length of time known: \_\_\_\_\_

11. Have you ever been convicted of a felony including any involving a suspended sentence?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what and when: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

TCA 14-10-129 states that "each person applying to work with children as a volunteer or as a paid employee... shall complete an application on a form prescribed or approved by the Department of Human Services ... It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information."

By signing this form, I am affirming that the previous statements I have made on this form are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for the expressed purpose of pre-employment screening.

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*Applicant's Signature*

*Date*