



APPLICATION FOR EMPLOYMENT

EARLY CHILDHOOD CENTER, Church at the Crossing, 9111 N. Haverstick Road, Indianapolis, IN 46240, Phone: 317/575/6508
DATE: \_\_\_\_\_

PERSONAL INFORMATION

Phone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Name: \_\_\_\_\_ Birth month & day: \_\_\_\_\_ / \_\_\_\_\_

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

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

Social Security Number: \_\_\_\_\_ Church you attend \_\_\_\_\_ Phone # \_\_\_\_\_

The Early Childhood Center is a ministry of Church at the Crossing. Please tell us about:

(1.) Your church affiliation and involvement:

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

(2.) List some ways that your Christian witness would be visible to staff and families:

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

Current Position Desired: \_\_\_\_\_ Date you could start: \_\_\_\_\_ Salary Required: \_\_\_\_\_

How many hours could you work per week: \_\_\_\_\_

Are you employed now: \_\_\_\_\_ If so, may we inquire of your present employer: \_\_\_\_\_

EMPLOYMENT HISTORY

List below work experience, starting with present and most recent.

1. Employer: \_\_\_\_\_

Name Address Phone

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Salary: \_\_\_\_\_ per Hour/Week/Month

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

2. Employer: \_\_\_\_\_

Name Address Phone

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Salary: \_\_\_\_\_ per Hour/Week/Month

**3** Employer: \_\_\_\_\_  
Name Address Phone

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Salary: \_\_\_\_\_ per Hr/Week/Month

Reason for Leaving: \_\_\_\_\_

**EXPERIENCE**

Activities you have participated in at school or in the community which apply to children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What age groups have you worked with as a group leader: \_\_\_\_\_

\_\_\_\_\_

What special training have you had in health, nutrition, music, art, dance, athletics, etc., which would relate to your work at the ECC:

\_\_\_\_\_

\_\_\_\_\_

What skills or special interests have you not yet mentioned that you feel could be particularly helpful working at The Early

Childhood Center: \_\_\_\_\_

**EDUCATION**

(Verification will be required)

HIGH SCHOOL: \_\_\_\_\_ / \_\_\_\_\_  
NAME OF SCHOOL YEAR GRADUATED

COLLEGE: \_\_\_\_\_ / \_\_\_\_\_  
NAME OF SCHOOL NO. OF YEARS COMPLETED OR YEAR GRADUATED

LIST DEGREE(S) \_\_\_\_\_ MAJOR FIELD: \_\_\_\_\_ MINOR FIELD: \_\_\_\_\_

OTHER FORMAL EDUCATION: \_\_\_\_\_

**REFERENCES**

Give names, complete address, and phone# of three persons not related to you, who have known you at least a year. One reference must be of your church pastor or other individual recognised as a leader by your home church..

NAME	COMPLETE ADDRESS	PHONE	RELATIONSHIP
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

College Students: Please list your permanent address here, if different from address given on the front: