



Application for Employment

Name _____
Last First MI Maiden

Address _____
Street Apt # City State Zip

Phone _____ Email _____

Position applying for _____

Date available to begin work _____ Desired hourly wage \$ _____

Currently employed? _____ If so, may we contact your current employer? _____

Place of current employment _____

Position _____ How long have you been at this job? _____

Have you ever been arrested? Yes No

If yes, please explain _____

Have you ever been convicted of a drug related felony or been involved in any way with a child abuse or neglect court action or official investigation? Yes No

If yes, please explain _____

EDUCATION

Colleges	Dates Attended	Major	Degree Received
----------	----------------	-------	-----------------

High School	Dates Attended	Graduated
-------------	----------------	-----------

Would you be willing to continue your education by taking courses or other training programs presented to you? Yes No



EMPLOYMENT HISTORY (most recent first)

Position _____ from _____ to _____

Duties _____

Business _____

Supervisor _____ Phone _____

Reason for Leaving _____

Position _____ from _____ to _____

Duties _____

Business _____

Supervisor _____ Phone _____

Reason for Leaving _____

Position _____ from _____ to _____

Duties _____

Business _____

Supervisor _____ Phone _____

Reason for Leaving _____

Have you ever been fired or dismissed from a job (paid or volunteer)? Yes No

If yes, please explain _____

Memberships in Professional Organizations _____

1000 Tates Creek Road
Lexington, KY 40502



Phone (859) 268-0108
Fax (859) 266-9600

PERSONAL

What do you feel MOST qualifies you for this position?

What do you hope to gain from your experiences with our center?

What is the ONE MOST important thing that you have to offer the children in this program?

Is there anything else you would like us to know while considering you for this position?

PROFESSIONAL REFERENCES

Please list a minimum of THREE professional references (former supervisors, co-workers, families of children in your care, etc.)

Name

Phone

Email

I authorize investigation of all statements contained in this application. Furthermore, I understand that falsification or misrepresentation of any information provided by me and/or omission of information required on this application is just cause for dismissal.

Applicant's Signature

Date

Email: childcare@faithlutheranchurch.com
Website: www.faithlutheranchurch.com

Charla Heersche, FLLC Director
Lindsay Scott, Assistant Director