

Crossroads Learning Corner

Application for Employment

Purpose

This form is to be completed by all applicants (volunteer and employee) for any position involving supervision or custody of minors. This application is used by Crossroads Learning Corner to promote a safe environment for the children and youth who participate in our ministries.

Name: _____ Birthdate: _____ Available Start Date: _____

Applying for: Full-Time Part-Time Substitute Summer Office Kitchen

Preferred Age Group: Infants Toddlers 2's 3's 4's 5's School Age

Available Hours: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Current Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

How did you hear about this position? _____

Criminal History

If you circle "yes" to any of the following questions, please explain on a separate piece of paper.

Have you ever been arrested, convicted, or plead guilty to a crime? Yes No

Have you ever been accused, charged, alleged to have, or have you ever committed any act of neglecting, abusing, or molesting any child? Yes No

Have you ever been treated for a psychiatric disorder? Yes No

Spiritual Background

What church do you attend? _____

How long have you been attending? _____ Pastor: _____

Have you placed your trust in Jesus Christ and committed yourself to knowing, loving, and following Him as the ultimate pursuit of your life? _____

Briefly share the story of your relationship with God _____

List previous work and experiences involving children and youth:

Education

High School: _____ Graduation Date: _____ Degree Type: _____

College: _____ Graduation Date: _____ Degree Type: _____

Employment History

Please provide employment history, beginning with your present employer.

Employment Dates: _____ to _____ Company Name: _____

Position: _____ Supervisor: _____ May we contact them? _____

Address: _____ Phone Number: _____

Reason for Leaving: _____

Employment Dates: _____ to _____ Company Name: _____

Position: _____ Supervisor: _____ May we contact them? _____

Address: _____ Phone Number: _____

Reason for Leaving: _____

References

List three people you have known for at least one year, who are **not related** to you, and have a definite knowledge of your character and ability to work with children.

Name: _____

Length of Time Known: _____ Phone Number: _____ Relationship: _____

Name: _____

Length of Time Known: _____ Phone Number: _____ Relationship: _____

Name: _____

Length of Time Known: _____ Phone Number: _____ Relationship: _____

Applicant's Statement

I hereby authorize all employers, organizations, churches, other entities, and persons identified in this form to release any information contained in their files or records concerning me.

I understand and agree that it is critical to the mission and ministry of Crossroads Learning Corner that all employees and volunteers conform to the highest standards of safety, interpersonal conduct, and moral Christian living.

I affirm that I will strictly comply with Crossroads Learning Corner's policies and procedures including those concerning child safety, criminal activity, and interpersonal relationships. I understand and agree that failure by me to abide by such policies and procedures may result in my immediate dismissal, or disciplinary action, all at the discretion of Management.

My responses above are truthful and accurate. I understand and agree that if they are found not to be accurate, Crossroads Learning Corner may determine that I will no longer be considered for employment.

Signature

Date