# St. Andrew's United Methodist Church Noah's Ark Nursery School

### APPLICATION FOR EMPLOYMENT

NOAH'S ARK NURSERY SCHOOL IS AN EQUAL OPPORTUNITY EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF AN INDIVIDUAL'S RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN'S STATUS OR ANY OTHER CHARACTERISTIC PROTECTED BY FEDERAL, STATE OR LOCAL LAW.

PLEASE PRINT

BE SURE TO ANSWER ALL QUESTIONS RESUMES ARE NO SUBSTITUTE

POSITION APPLIED FOR		DATE	
PERSONAL INFORMATION			
NAME			
last	first		middle initial
ADDRESS			
street	city	state	zip code
TELEPHONE			
area code & numb	er		
ARE YOU 18 YEARS OF AGE OR IN	POSSESSION OF A VA	LID WORK PERMIT?	
Yes No			
ARE YOU EITHER A U.S. CITIZEN C	R AN ALIEN WHO IS A	AUTHORIZED TO WOR	K IN THE U.S.?
Yes No			
(If you answer "Yes" you must co Naturalization Service no later th	•	•	_
HAVE YOU EVER BEEN CONVICTED THAN A TRAFFIC VIOLATION, WH NO (A criminal conviction application, please describe the direction application)	ICH HAS NOT BEEN EX will not necessarily be	(PUNGED OR SEALED e a bar to employme	BY A COURT? Yesnt. To help us evaluate your

## **EMPLOYMENT DESIRED PAY RATE DESIRED** POSITION APPLIED FOR\_\_\_\_\_\_\$\_\_\_\_\_\$ PER FULL TIME\_\_\_\_\_\_PART-TIME\_\_\_\_\_\_FILL-IN\_\_\_\_SUMMER\_\_\_\_\_ ARE YOU EMPLOYED NOW? Yes No DATE AVAILABLE TO START WORK WERE YOU EVER EMPLOYED BY NOAH'S ARK NURSERY SCHOOL PRIOR TO THIS? NAME(S) OF RELATIVES OR FRIENDS/ACQUAINTANCES EMPLOYED HERE\_\_\_\_\_ SPECIAL JOB RELATED SKILLS\_\_\_\_\_ **EDUCATION AND TRAINING** LIST CIRCLE LAST **DIPLOMA** COURSE DID YOU YEAR OR **SCHOOL** NAME AND ADDRESS OF SCHOOL OF STUDY COMPLETED **GRADUATE** DEGREE HIGH SCHOOL OR GEN.ED. 9 10 11 12 YES - NO CERT. **TECHNICAL OR** COMMERCIAL 1 2 3 4 YES - NO COLLEGE 1 2 3 4 YES - NO OTHER (SPECIFY) 1 2 3 4 YES - NO ARE YOU TAKING ANY COURSE OF STUDY NOW? Yes\_\_\_ No\_\_\_ DATE TO BE COMPLETED\_\_\_\_\_ GIVE DETAILS\_\_\_\_\_ LIST ANY SCHOLASTIC HONORS, HONORARY SOCIETIES, FELLOWSHIPS AND SCHOLARSHIPS. LIST ANY EXTRA CURRICULAR ACTIVITIES (ATHLETIC, MANAGERIAL ELECTED OFFICES, ETC. INCLUDING HOBBIES). YOU are not required to list any information which would tend to reveal a protected characteristic as set forth in the EEO statement at the beginning of this application form.

#### **EMPLOYMENT HISTORY**

Please account for all periods of employment, including U.S. Armed Forces experience, periods of travel, and self-employment. List present or last employer first. If more space is required, please use an additional application.

NAME OF EMPLOYER	ADDRESS OF EMPLOYER		DATE EMPLOYED		
				mo mo	
TELEPHONE OF EMPLOYER	SUPERVISORS NAME & TITLE	DEPARTMENT	WAGE OR		
POSITION OR TITLE	REASON FOR LEAVII	NG			
MAY WE CONTACT EMPLOYER - NOW	AT A LATER DATE	NOT AT ALL			
NAME OF EMPLOYER	ADDRESS OF EMPLOYER			PLOYED mo mo	
TELEPHONE OF EMPLOYER	SUPERVISORS NAME & TITLE	DEPARTMENT	WAGE OR		
POSITION OR TITLE	REASON FOR LEAVII	NG			
MAY WE CONTACT EMPLOYER - NOW	AT A LATER DATE	NOT AT ALL			
NAME OF EMPLOYER	ADDRESS OF EMPLOYER			PLOYED mo mo	
TELEPHONE OF EMPLOYER	SUPERVISORS NAME & TITLE	DEPARTMENT	WAGE OR		
POSITION OR TITLE	REASON FOR LEAVII	NG			
MAY WE CONTACT EMPLOYER - NOW	AT A LATER DATE	NOT AT ALL			
NAME OF EMPLOYER	ADDRESS OF EMPLOYER			PLOYED mo mo.	
TELEPHONE OF EMPLOYER	SUPERVISORS NAME & TITLE	DEPARTMENT	WAGE OR START	RATE FINISH_	
POSITION OR TITLE	REASON FOR LEAVII	NG			
MAY WE CONTACT EMPLOYER - NOW_	AT A LATER DATE	NOT AT ALL			

#### OUTSIDE ORGANIZATIONS

You are not required to list any information which would tend to reveal a protected characteristic as set forth in the EEO statement at the beginning of this application form.

ARE YOU AFFII	LIATED WITH ANY OTHE	R COMPANY T	HAT REQUIRES WORK OF YOU	J? YesNo
IF YES, EXPLAIN				
	AGED IN ANY PERSONAL		ENTERPRISE? YesNo	_
	SSIONAL LICENSES DO YO			
	OTHER EXPERIENCE WI		E HELPFUL IN CONSIDERING \	OUR APPLICATION.
REFERENCES	EXCLUDE RELATIVES BUT GIVE WORK, ABILITY AND TRAINING	` '	PREVIOUSLY MENTIONED WHO ARE MO	ST FAMILIAR WITH YOUR
NAME_	RELATIONSHIP	<u>POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
APPLICANT'S STATEMENT				

I authorize Noah's Ark Nursery School to verify the information I have provided on this application. I understand that any misstatement, omission or misleading information given in my application or interview or in connection with other Noah's Ark Nursery School records may result in the rejection of my application or interview, the withdrawal of any offer of employment or my dismissal from employment. I authorize Noah's Ark Nursery School to make a thorough investigation and release from all liability and responsibility all persons and entities, including my present employer, requesting or supplying information about my education, employment and activities, personal or otherwise. I understand that my employment may be subject to a satisfactory reference check.

I acknowledge that any offer of employment is contingent upon successfully completing and supplying clearances for Act 34, Act 114, and Act 151. My offer of employment may be revoked if it is determined that I cannot perform the essential job functions of the position with or without a reasonable accommodation, or if providing a reasonable accommodation would impose an undue hardship on Noah's Ark Nursery School, or if my employment would pose a direct threat of substantial harm to myself or others.

I acknowledge that if an offer of employment is made it may be withdrawn at any time, and that I have not been promised that, if hired, my employment with Noah's Ark Nursery School is certain to continue for any period of time. Unless a written contract signed by the chairperson of Noah's Ark Nursery School Board of Directors states otherwise, I understand that I may resign from Noah's Ark Nursery School, and Noah's Ark Nursery School may terminate me at any time or without cause or notice

School, and Noan's Ark Nursery School ma	iy terminate me at any time or without cause or notice.
Date:	Signature: