

APPLICATION FOR EMPLOYMENT

YORK FIRST CHURCH OF THE BRETHREN CHILD DEVELOPMENT CENTER

An Equal Opportunity Employer
 2710 Kingston Road, York, PA 17402
 Phone: (717) 757-6390 email: 1stchurchcdc@gmail.com

Personal Information

Date: _____ Social Security #: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone #: _____

Are you 18 years or older? Yes: ____ No: ____
 Are you either a U.S. Citizen or Alien authorized to work in the U.S.? Yes: ____ No: ____

Employment Desired

Position: _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes: ____ No: ____
 If so, may we inquire of your present employer? Yes: ____ No: ____
 Have you ever applied here before? Yes: ____ No: ____
 If so, when? _____

Education	Name and Location of School:	# of years attended:	Did you graduate?	Subjects studied:
High School				
College				
CDA Credential or other Early Childhood Education				

Former Employers:

(List below your last three employers, starting with the most recent)

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From:				
To:				
From:				
To:				
From:				
To:				

(Continued on other side)

References: Names of three persons not related to you, whom you have known for at least a year

Name:	Address:	Phone Number:
1		
2		
3		

Physical Record:

Do you have any physical limitations that preclude you from performing any work for which you are being considered?

Yes: _____ No: _____

If yes, what can be done to accommodate your limitation: _____

Please describe: _____

In case of emergency, please contact: _____

Name

Address

Phone Number

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Date:

Signature:

Office use only:

Position:

Rate of pay:

Health appraisal:

Disclosure statement:

State police clearance:

Child abuse clearance:

References: