

**First Baptist Church El Paso dba Day Care Junction**

**915-533-3880 800 E. Rio Grande 79902**

**APPLICATION FOR EMPLOYMENT**

THIS APPLICATION FORM IS INTENDED SOLELY FOR USE IN EVALUATING YOUR SUITABILITY FOR EMPLOYMENT WITH FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION. IT IS NOT AN EMPLOYMENT CONTRACT OR A GUARANTEE OF EMPLOYMENT. PLEASE ANSWER ALL QUESTIONS COMPLETELY; **ASK FOR ADDITIONAL PAPER IF NECESSARY.** WE WILL CONSIDER ALL OTHERWISE QUALIFIED APPLICANTS WITHOUT REGARD TO SEX, RACE, COLOR, NATIONAL ORIGIN, AGE, OR DISABILITY.

Today's Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Social Security # \_\_\_\_\_

Present Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Time at Present Address: \_\_\_\_\_

Prior Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Time at Prior Address: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Position applied for: \_\_\_\_\_

How did you hear about this position? Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_  
Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

EMPLOYMENT AVAILABILITY

Date you can start \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Full-time? \_\_\_\_\_ Part-time? \_\_\_\_\_ Overtime, if required? \_\_\_\_\_

Our hours of operation are Monday through Friday, 7:00AM to 6:00PM. Are there days of the week or times of the day that you would NOT be available? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please list: \_\_\_\_\_

State Licensing requires 24 hours of training each year, which is available online and at in-person workshops. In-person workshops are conducted on Saturdays. Would you be available and willing to attend these in-person training workshops a few times each year, to obtain this required training? Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYMENT HISTORY

Have you applied with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you related to any of our current employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, whom? \_\_\_\_\_

FORMER EMPLOYERS

List all employers you have had in the last 10 years, starting with the current or most recent one. Include part-time and temporary employment, as well as any military service. Account for all periods of inactivity.

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Wage / Salary \_\_\_\_\_

Last Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Wage / Salary \_\_\_\_\_

Last Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Wage / Salary \_\_\_\_\_

Last Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_ - \_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Wage / Salary \_\_\_\_\_

Last Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ to \_\_\_\_\_ Wage / Salary \_\_\_\_\_

Last Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

If there are other employers you need to list, ask for additional paper.

We will contact the employers listed above, unless you indicate that you do not wish them to be contacted. If there is an employer you do not want us to contact, please state why: \_\_\_\_\_

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

EDUCATION

Circle highest grade completed    1    2    3    4    5    6    7    8    9    10    11    12    Post High School

SCHOOLS ATTENDED

SCHOOL	CITY / STATE	DATES ***	DID YOU GRADUATE?

\*\*\*The Age Discrimination in Employment Act prohibits discrimination on the basis of age against employees and applicants for employment who are 40 years of age or older.

Last name when in high school, if different \_\_\_\_\_

List any honors received: \_\_\_\_\_

\_\_\_\_\_

If you have a degree, list your degree and field, if any, in which you specialized \_\_\_\_\_

\_\_\_\_\_

JOB RELATED SKILLS

Are you fluent in English? Yes \_\_\_\_\_ No \_\_\_\_\_                      Spanish? Yes \_\_\_\_\_ No \_\_\_\_\_

Any other languages?    Yes \_\_\_\_\_ No \_\_\_\_\_    If yes, which ones? \_\_\_\_\_

Are you certified in CPR and/or First Aid?    CPR \_\_\_\_\_    First Aid \_\_\_\_\_

If certified, list certifying agency / agencies \_\_\_\_\_

List date(s) of certification expiration \_\_\_\_\_

Describe specialized training, apprenticeships, skills and extra-curricular activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please fill in the following information:

TYPE	STATE	LICENSE #

SECURITY

In which states have you lived in the past 10 years? (Start with most recent) \_\_\_\_\_

Have you ever used any names or Social Security numbers other than those listed on the first page of this application?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list them \_\_\_\_\_

Have you ever been convicted of a felony? (A prior conviction will not serve as an automatic bar to employment.)

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe below:

CHARGE	CITY / STATE	DATE

Are you currently under indictment for, or has an official criminal complaint been filed against you, alleging the commission of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

MILITARY

Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If so:

Service Branch (Army, Navy, etc.) \_\_\_\_\_ Date entered \*\*\* \_\_\_\_\_

Date discharged \*\*\* \_\_\_\_\_ Final rank \_\_\_\_\_ Type of discharge \_\_\_\_\_

\*\*\*The Age Discrimination in Employment Act prohibits discrimination on the basis of age against employees and applicants for employment who are 40 years of age or older.

HEALTH

Childcare is a physically demanding profession. Our classrooms have one teacher on duty, with no extra helpers. Are you able to perform the essential functions of the job for which you are applying, without any type of special accommodation?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain: \_\_\_\_\_

\_\_\_\_\_

PERSONAL REFERENCES

Please provide at least three personal references. Do not include relatives or employers.

NAME / OCCUPATION	ADDRESS AND PHONE NUMBER	HOW MANY YEARS KNOWN / RELATIONSHIP

RELIGIOUS BACKGROUND

First Baptist Church El Paso dba Day Care Junction is a Christian day care center, which means that we are interested in your background and beliefs.

Are you a Christian? \_\_\_\_\_ (You might be asked to provide a personal testimony at the time of your interview.)

List all current or previous church work involving children, including the church name, the type of work performed, and the dates when this work was done.

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

List any other work you have done which involves children, including where and when this work was done.

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



ACKNOWLEDGEMENT AND RELEASE / CONSUMER DISCLOSURE (FCRA-1)

IMPORTANT ~ READ CAREFULLY

I CERTIFY THAT THE ANSWERS GIVEN BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN ON THIS APPLICATION MAY RESULT IN REJECTION OF MY APPLICATION OR DISCHARGE AT ANY TIME DURING MY EMPLOYMENT.

I AUTHORIZE FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION TO INVESTIGATE ALL STATEMENTS MADE BY ME, AND TO CONTACT ALL PERSONS, COMPANIES, GOVERNMENT AGENCIES AND SCHOOLS NAMED BY ME ON THIS APPLICATION. I AUTHORIZE ALL SUCH PERSONS, COMPANIES, GOVERNMENT AGENCIES AND SCHOOLS TO PROVIDE ALL INFORMATION KNOWN TO THEM REQUESTED BY FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION CONCERNING MY EMPLOYMENT HISTORY, CHARACTER AND QUALIFICATIONS. AND I HEREBY RELEASE AND FOREVER DISCHARGE ALL SUCH PERSONS, COMPANIES AND SCHOOLS FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION, STATE OR FEDERAL, AT EQUITY OR LAW, INCLUDING CLAIMS FOR DEFAMATION OR INVASION OF PRIVACY, WHICH I MIGHT OTHERWISE HAVE AGAINST THEM FOR PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT IN PROCESSING THIS APPLICATION FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION MAY REQUEST THAT AN INVESTIGATIVE CONSUMER REPORT BE PREPARED WHICH MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST, UNDER THE FAIR CREDIT REPORTING ACT, THAT FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION COMPLETELY AND ACCURATELY DISCLOSE TO ME THE NATURE AND SCOPE OF THE INVESTIGATION REQUESTED, IF I MAKE SUCH REQUEST IN WRITING TO THE BUSINESS MANAGER WITHIN A REASONABLE TIME AFTER COMPLETING THE APPLICATION.

I UNDERSTAND THAT PRIOR TO FINAL EMPLOYMENT WITH FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION I MAY BE REQUESTED TO SUBMIT TO AND PASS VARIOUS TRAININGS AND / OR EXAMINATIONS, INCLUDING A CRIMINAL BACKGROUND INVESTIGATION.

I UNDERSTAND THAT IF I AM EMPLOYED BY FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION I MAY RESIGN AT ANY TIME AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME WITHOUT CAUSE OR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF FIRST BAPTIST CHURCH EL PASO dba DAY CARE JUNCTION OTHER THAN THE PASTOR HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, AND THAT ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE PASTOR OR IT IS NOT BINDING TO THE CHURCH.

I UNDERSTAND THAT THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR UP TO 45 DAYS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD I SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_



ADSI CONSUMER AUTHORIZATION AND RELEASE

{ Requested by: 421624 Annual Salary = <75K \_\_\_\_\_ >75K \_\_\_\_\_ (605;91-508) }

In connection with First Baptist Church El Paso dba Day Care Junction considering me for employment, continued employment, promotion or reassignment, I authorize First Baptist Church El Paso dba Day Care Junction and or its agent ACCUFAX Division of Southvest Inc. to obtain a consumer report, or investigative consumer report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by First Baptist Church El Paso dba Day Care Junction or its agent ACCUFAX Division of Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release First Baptist Church El Paso dba Day Care Junction, its affiliated companies, their officers, employees and agents, and specifically ACCUFAX Division of Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

My signature indicates that I have read and understand the above information concerning Consumer Disclosure.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

CRIMINAL BACKGROUND CHECK PERMISSION

I, \_\_\_\_\_,

FIRST NAME MIDDLE NAME LAST NAME MAIDEN NAME (IF APPLICABLE)

Date of Birth\*\*\* \_\_\_\_\_ Social Security Number \_\_\_\_\_

give permission for First Baptist Church dba Day Care Junction to obtain a criminal background check for the purpose of screening prospective employees.

\*\*\*Date of Birth / Age will be used solely for the purpose of identification in doing criminal background checks and will not be considered or used for any other purpose. The Age Discrimination in Employment Act prohibits discrimination on the basis of age against current employees and applicants for employment who are 40 years of age or older.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

