



GREATER BETHLEHEM TEMPLE CHURCH

Employment Application for Day Care/After-School/Camps

APPLICANT INFORMATION											
Last Name					First				M.I.	Date	
Street Address								Apartment/Unit #			
City					State				ZIP		
Phone					E-mail Address						
Date Available				Social Security No.				Desired Salary			
Position Applied for											
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever worked for GBTC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
Are you willing to be fingerprinted and undergo a background check?										YES <input type="checkbox"/>	NO <input type="checkbox"/>
EDUCATION											
High School							Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College							Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other							Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Do you have Director's Credentials? YES <input type="checkbox"/> NO <input type="checkbox"/>										Do you have a teacher's license? YES <input type="checkbox"/> NO <input type="checkbox"/> Area & Level	
REFERENCES											
<i>Please list three professional references.</i>											
Full Name							Relationship				
Company							Phone				
Address											
Full Name							Relationship				
Company							Phone				
Address											
Full Name							Relationship				
Company							Phone				
Address											



PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REQUIRED DOCUMENTS THAT MUST ACCOMPANY APPLICATON			
CPR/First Aid Card	YES <input type="checkbox"/>	NO <input type="checkbox"/>	From To
Graduation/Licensure Document(s)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Form 121 Immunization Record (Shot History)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Do you have experience working in a licensed child care facility? YES NO If so, list name(s) _____

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date