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**Application for Employment**

2980 Davis Road, Fairbanks AK 99709

Phone: 907-455-9466 Fax: 907-455-7208

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_ email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date available to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Days & Hours Available to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you work overtime, hours outside the assigned days and hours regularly scheduled?

Yes \_\_\_\_ No \_\_\_\_

Are you 18 or older? Yes\_\_\_\_ No \_\_\_\_\_ Are you age 21 or older? Yes \_\_\_ No \_\_\_

Have you ever been previously employed by the Open Arms Child Development Center?

Yes\_\_ No\_\_\_ If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state law may prohibit you from working in a licensed childcare facility. Yes \_\_\_ No \_\_\_\_

Have you obtained a current Criminal History Report for Interested Parties from the State of Alaska?

Yes \_\_\_\_\_ No \_\_\_\_\_\_ if yes, Date of report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other than English, what languages do you speak? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a valid State of Alaska Driver’s License, if required for the position you are applying for? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Date of Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_ Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A DMV report will periodically be obtained during employment if driving is required.)

If you are hired, can you provide proof that you are eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Are you willing to participate in continuing education and training for this position?

 Yes \_\_\_\_\_ NO \_\_\_\_\_

List current professional Licenses, certificates, or memberships in professional organizations.

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**EDUCATION:**

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|  | Name & Location of School/Training Organization | Dates Attended/Years Completed | Diploma or Degree Year | Major Field of Study Credits/Units Completed |
| High School |  |  |  |  |
| College or University |  |  |  |  |
| Vocational Technical School |  |  |  |  |
| Other Relevant Training |  |  |  |  |

(Use additional paper if necessary)

**EMPLOYMENT AND EXPERIENCE:**

List all positions held in the last 10 years, beginning with the most recent. You may provide this information in resume format. If you were not employed, list your whereabouts for the last 2 years.

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| Dates | Position(s)/Title | Job Duties (Part-time or full time | Employer Name, Address, Telephone Number | Supervisor’s Name |
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Describe any duties of your above positions that are relevant to childcare or adult care, including direct care giving, supervision of child or adult care, personnel or programs, management, or administration.

**OTHER RELEVANT WORK EXPERIENCE:** including volunteer work.

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| Dates To-From  | Position(s)/Title | Part-time/Full-time temporary or Long-Term | Skills, Knowledge, & abilities required for position; job duties | Supervisor Name and Organization Name, Address & Phone Number |
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**SPECIAL SKILLS AND QUALIFICATIONS:**  Please describe any special skills or other experience which may qualify you for the position for which you are applying, include when, where, and how acquired.

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**REFERENCES**

List at least three references, not related to you, and not previous employers, who can comment on your character and your ability to work with children.

Name/Title Address Telephone Number

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

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I give the director of Open Arms Child Development Center of her/his assigns, the right to investigate all references and to secure additional information about me, if job-related. Furthermore, I give the employer the right to verify any educational reference give in this application, I hereby release, from liability, the Employer and its representatives for seeking such information and all other corporations, educational institutions or organizations for furnishing such information. \_\_\_\_\_\_\_ (applicants initials)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer’s service if I have been employed. \_\_\_\_\_\_\_\_ (applicants initials)

In the event of my employment by the Open Arms Child Development Center I agree to abide by all present and subsequently issued rules of Open Arms. \_\_\_\_\_\_\_ (applicants initials)

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment. \_\_\_\_\_\_\_ (applicant initials)

Open Arms Child Development Center is AT-WILL EMPLOYER. I acknowledge that there is no specific length of employment and that any verbal or written offers of employment do not constitute and agreement or contract for employment. Accordingly, either Open Arms Child Development Center or I can terminate the employment relationship at will, with or without cause or notice, so long as the termination does not violate law or public policy. \_\_\_\_\_\_\_ (applicant initials)

**PERSONAL HISTORY**

Have you been previously licensed to care for child(ren) or adults?

YES \_\_\_\_\_ NO\_\_\_\_\_ If yes, indicate city, state, and type or care (childcare home, child or adult foster care, etc.) and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?

YES \_\_\_\_\_ NO\_\_\_\_\_\_ if yes, attach an explanation.

Have you ever been investigated for child or elder abuse or neglect?

YES \_\_\_\_\_ NO \_\_\_\_\_\_

Do you have any physical health, mental health or behavioral problem that might pose a risk to the health, safety or well being of children or adults?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_ If yes, attach an explanation.

Have you been convicted of a crime or charged with criminal offense in the last 10 years?

YES \_\_\_\_\_\_ NO\_\_\_\_\_\_\_ if yes, attach an explanation.

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime?

YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_ if yes, attach explanation.

I certify that the contents of this form and information provided with it are true, accurate and complete. I authorize the employer to contact others to verify information contained here.

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

 **Signature Date**

**Additional Questions for Staff job Application**

**(Use additional paper if necessary)**

Describe your experience for the position for which you are applying.

What do you envision as safe, healthy, Christian learning environment for young children?

How would you describe your relationship with Jesus Christ?

Why would you be an asset to the families and staff of Open Arms Child Development Center?

Describe your experience in maintaining timely and accurate records.

Optional Questions-not required

Are you a member of a local church congregation? YES \_\_\_\_\_ NO \_\_\_\_\_\_

Name of congregation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact your pastor for a reference? YES \_\_\_\_\_\_ NO \_\_\_\_\_\_\_

Pastor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Open Arms Lutheran Child Development Center is operated in accordance with U.S. Department of Agriculture (USDA) policy which prohibits discrimination on the basis of race, color, national origin, sex, age or disability.

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