



Employment Application

Date:	Position Applied Fo	or: 🗆 Preschool	□ After School
	(Please check all that appl	ly) 🗆 Fulltime	□ Part-time
		Day 🗆 E	vening Substitute
Name:			
Last	First		Niddle
Address:			
City: State:	Zip:	_ Phone:	
Email Address:			
Are you legally eligible for emp Note: If you are hired, you will be r complete an I-9 Form.			
Employees working some shifts	s must be at least 18	Byears of age. A	Are you at least 18 years of
age as of the date of this appl	ication? Yes _	No	
	Employment	History	
Please complete all of the follo think the questions relate to t	•	• •	history even if you do not
Present/Last Employer: Address:			
City:		Zip: _	
Phone: ()	May we d	contact your cu	rrent employer?Yes
Dates of employment: From _	To	O Month/Yea	
Position or Title:			
Supervisor's Name & Title:			
Supervisor's Email Address: _			
Starting Salary:	E	nding Salary:	
Starting Salary: Describe job duties, responsib			
Reason for leaving:			

Employment History (continued)

Previous Employer:				
Address:				
City:				
Phone: ()	May we	vious employer? _	Yes N	
Dates of employment: From _				
	Month/Year	Month/Ye		
Position or Title:				
Supervisor's Name & Title:				
Supervisor's Email Address:				
Starting Salary:				
Describe job duties, responsib	ilities and importo	-		
				
Previous Employer:				
Previous Employer:				
Previous Employer: Address: City:	State	e: Zip: _		
Previous Employer:	State May we	e: Zip: _ e contact your pre	evious employer?	
Previous Employer: Address: City: Phone: () Dates of employment: From _	State May we Month/Year	e: Zip: _ e contact your pre To Month/Ye	evious employer?	
Previous Employer: Address: City: Phone: () Dates of employment: From _	State May we Month/Year	e: Zip: _ e contact your pre To Month/Ye	evious employer?	
Previous Employer: Address: City: Phone: () Dates of employment: From _ Position or Title: Supervisor's Name & Title:	State May we	e: Zip: _ contact your pre To Month/Ye	evious employer? ar	Yes
Previous Employer: Address: City: Phone: () Dates of employment: From _ Position or Title: Supervisor's Name & Title:	State May we	e: Zip: _ contact your pre To Month/Ye	evious employer? ar	Yes
Previous Employer: Address: City: Phone: () Dates of employment: From _ Position or Title:	State May we Month/Year	e: Zip: _ e contact your pre To Month/Ye	evious employer?	Yes
Previous Employer:	State State May we Month/Year	e: Zip: _ e contact your pre To Month/Ye Ending Salary: _	evious employer? ar	Yes
Previous Employer: Address: City: Phone: () Dates of employment: From _ Position or Title: Supervisor's Name & Title: Supervisor's Email Address: Starting Salary:	State State May we Month/Year	e: Zip: _ e contact your pre To Month/Ye Ending Salary: _	evious employer? ar	Yes

Educational Background

	Name	City	Dates Attended	Degree
High School				
College				
Graduate				
Other				

Other					
If you are preser	ntly enrolled in school,	what are you	ı studyin	g?	
	kills, training, or knowl 1 would like considered			•	
(Must	be 18 years or older	Referen		our previous sup	ervisor.)
Name:					
Mailing Address:					
	State: Zip				
	(W)				
Relationship:					
	Name:				
	Mailing Address:				
	City:				
	Phone: (H)		•		
	Email Address:				
	Relationship:				
		Name			
		Mailine	Addres	s:	
				s State:	
		-		(W)	-
				(,	
		Dala*:	nahini		

In the past seven years, have y If yes, please explain:		crime, other the	n a misdemeanor traffic violatio	on?
Why do you want to be employe	ed by the Kid's Harbor p	orogram at Harr	risonburg First Church?	
Please share a brief testimony	about your personal rel	ationship with T	acus Christ	
	ubout your personal ren	anonship with o	ESUS CHITST.	
understand that any omission or m from employment upon discovery t give you any information they may	rrect and I have not knowin herepresentation of fact in hereof. I authorize any r have regarding my charac hof the Nazarene and the	ngly withheld any n this application eferences or orgo ter and fitness fo ir respective age	pertinent facts or circumstances. may result in refusal of or separati anizations listed in this application to or children's work. I authorize Kid onts to solicit background information	ion to 's
Name (please pr	int)	Signature	Date	
Please put a check mark beside the However, do not put a check mark in Desired Hours Per Week:	n the category if you are no			ply
Mondays 7:15 am – 12:	:00 pm 12:00 p	m – 3:30 pm	3:30 pm – 6:00 pm	
Tuesdays 7:15 am – 12:				
Wednesdays 7:15 am – 12: Comments:			3:30 pm – 6:00 pm	
Thursdays 7:15 am – 12:			3:30 pm – 6:00 pm	
Fridays 7:15 am – 12:	.00 pm 12:00 p	m – 3:30 pm	3:30 pm – 6:00 pm	