All Faiths Day School

of the First United Methodist Church

EMPLOYMENT APPLICATION

Date:					
Name of Applicant:					
Address:					
Home Phone:	Cell Phone:				
Date of Birth:					
Do you have a High School Diploma?	YES NO				
If yes, list school:					
Do you have any further education beyond If yes, please list:	d the high school level?	YES	NO		
Name of Institution	Degree Earned	Dates A Start			
			, ====		
What specific courses beyond the high sch	ool level have you completed the	hat might b	e		
helpful in the early childhood education field?					
What experience have you had which you feel qualifies you to work in the field of early					
childhood education?					

Have you ever been convicted of immoral conduct or convicted of violating laws enacted					
to protect children?	YES NO				
Are you able to lift a five-year old child without health problems? YES NO					
Why would you like to work at All Faiths Day School?					
Employment History:					
Employed By	Position Held	Dates	Reason for Leaving		
References:					
Name	Relationship		Phone Number(s)		

Please send application to: All Faiths Day School - Attn: Director 670 N 5th Street - Silsbee, TX 77656

Date

Signature