

**TRINITY LEARNING CENTER
APPLICATION FOR EMPLOYMENT**

Name: _____

Last First Middle (Maiden)

Complete: _____ Phone: _____

Address w/ _____

Zipcode: _____ Alt. Phone: _____

Emergency Contact: _____

Name Phone

Relationship to Above Contact: _____

Positions Applied For:

Education: (List Diplomas, Degrees and Certifications Earned. Be prepared to provide a copy of highest degree earned. Include transcripts as appropriate.)

Title	School or Institution	Address	Dates:

Employment History (List Most Recent First)

Place of Employment & Contact Name/Number	Position/Title	Dates	Reason for Leaving

TRINITY LEARNING CENTER EMPLOYMENT APPLICATION (con't)

Experiences with Young Children:

Place	Job/Purpose	Dates:	Contact Name/Phone

Relevant Professional Development Training, Courses, or Workshops Attended:

Course Title	Location	Date	Credit Hours

References: Provide all contact information for at least 3, non-relative, references, including former employers, character, and business references. Please include at least one work related reference.

Name & Relationship	Complete Address	Email and Phone Number	Time Known

Have you ever been convicted of a felony, including any involving a suspended sentence? _____ Yes _____ No

Have you ever been reported for child abuse or neglect? _____ Yes _____ No

TCA 14-10-129 states that "each person applying to work with children as a volunteer or as a paid employee...shall complete an application on a form prescribed or approved by the Dept. of Human Services....It shall be unlawful for any person to falsify any information required on the application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information."

By signing this application, I affirm that the information provided is true and factual to the best of my knowledge. I grant permission for all persons, organizations, or agencies listed above to be contacted for the expressed purpose of pre-employment screening. Further, I agree to submit to fingerprinting and a criminal background check as required by TN law.

APPLICANT SIGNATURE

DATE

For Office Use Only:

Date of Hire: _____ First Day as Caregiver: _____

Employment Separation Date: _____ Reason for Separation: _____