



Employment Application

Date application completed: _____ Hire Date: _____

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: __Cell or __Home

Email Address: _____

Date of Birth: _____ SSN# _____

Are you eligible to work in the United States? YES NO

Have you been convicted of or pleaded no contest to a felony? YES NO

Have you previously applies for employment with the company? YES NO

If Yes, previous date you applied: _____

Have you ever been employed with this company? YES NO

If Yes, dates you were employed: _____

Position Applying for:

Prefer: PreK _____ 3-year-old _____ 2-year-old _____ 1-year-old _____ Infant _____

Lead Teacher: _____ Hours: 7 am to 2 pm (part time)

PM Floater: _____ Hours: 10 am to 6 pm (part time)

PM Assistant: _____ Hours: 1:00 am to 6 pm (part time)

Education History:

| <i>Education</i> | <i>School Name</i> | <i>Course of Study</i> | <i>Graduate</i> | <i># of years completed</i> | <i>Degree/Major:</i> |
|------------------|--------------------|------------------------|-----------------|-----------------------------|----------------------|
| High School | | | ___YES ___NO | | |
| College | | | ___YES ___NO | | |
| Bus./Tech./Trade | | | ___YES ___NO | | |

If you are currently furthering your education, please list below:

| <i>Date started</i> | <i>School Name</i> | <i>Course of Study</i> | <i>Graduate date</i> | <i># of years completed</i> | <i>Degree/Major:</i> |
|---------------------|--------------------|------------------------|----------------------|-----------------------------|----------------------|
| | | | | | |

Work History:

Please list the names of your present and/or previous employers in chronological order with the most recent first. You may include any verifiable work performed on a volunteer basis, internship, or military service.

1. Employer: _____ Type of Business: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of employment: _____ to _____

Job Title: _____ Duties: _____

Supervisor: _____ May we contact: ___YES ___NO

If NO, please explain: _____

Reason for leaving: _____

2. Employer: _____ Type of Business: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of employment: _____ to _____
Job Title: _____ Duties: _____
Supervisor: _____ May we contact: ___YES ___NO
If NO, please explain: _____
Reason for leaving: _____

3. Employer: _____ Type of Business: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date of employment: _____ to _____
Job Title: _____ Duties: _____
Supervisor: _____ May we contact: ___YES ___NO
If NO, please explain: _____
Reason for leaving: _____

Have you ever been terminated or asked to resign from any job? ___YES ___NO

If Yes, Please explain: _____

References:

Please list the names of three work-related, non-relative references we may contact. Individuals with no prior work experience may list school or volunteer-related references. Then please list one personal reference.

1. First Name: _____ Last Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

2. First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

3. First Name: _____ Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

4. First Name: _____ Last Name: _____

Relationship with individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Emergency Contacts:

First Name: _____ Last Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: __Cell or __Home

Employer: _____ Work Phone: _____

Hours to be reached at work: _____

First Name: _____ Last Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: __Cell or __Home

Employer: _____ Work Phone: _____

Hours to be reached at work: _____

Name of children that will or have attended Wesley K.I.D.S. :

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

Please list any other important information: _____

*****Incomplete applications will not be accepted-Please complete all fields*****

Application Certification: *(Please Initial below)*

I understand that this company is a drug/alcohol-free workspace, and a tobacco free (including electronic cigarettes) environment. If I am offered a conditional offer of employment I understand that if a pre-employment drug/alcohol screening is positive the employment offer may be withdrawn. I agree to work under the conditions required of a drug/alcohol/tobacco-free work environment.

Initial: _____

If employed by the company, I understand and agree that the Company, to the extent permitted by law, may exercise its right, with out prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

Initial: _____

I certify that all information presented on this application and any other documentation given to Wesley is accurate to the best of my knowledge.

Initial: _____

I understand that, if hired, Wesley or I can terminate the employment relationship at any time for any reason, with or with out cause of notice.

Initial: _____

If hired, I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at anytime.

Initial: _____

Are you a member of Wesley Memorial UMC? _____YES _____NO

Signature Date

For questions of concerns please contact: Christine Bibee 423-472-9578 cbibee@wesleykids.org

After completing the application please submit it online or mail to/drop off at the main office of Wesley Memorial UMC at 3405 Peerless Rd NW Cleveland, TN 37312

For more information on Wesley K.I.D.S, visit our website at: www.WesleyKIDS.org.

For more information on Wesley Memorial UMC, visit our website at: www.wesleymemorialchurch.com.