



### Substitute 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: \_\_\_\_\_

#### **Availability:**

PreK \_\_\_\_\_ 3-year-old \_\_\_\_\_ 2-year-old \_\_\_\_\_ 1-year-old \_\_\_\_\_ Infant \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
7 am – 2 pm					
1 pm – 6 pm					
Other					

### **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 name of your present and/or previous employer.

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: \_\_\_\_\_

**Personal References:**

Please list the name of a personal reference we may contact.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

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: \_\_\_\_\_

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Year: \_\_\_\_\_

Please list any other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***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](mailto: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](http://www.WesleyKIDS.org).

For more information on Wesley Memorial UMC, visit our website at: [www.wesleymemorialchurch.com](http://www.wesleymemorialchurch.com).