



546 W US 224 Decatur, IN 46733  
260-724-8082

# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, color, religious belief, sex, age national origin, ancestry, physical or mental disability, military or veteran status.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Position applying for \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Possible start date if hired \_\_\_\_\_

St. Mark's Preschool and Child Care Ministry is open from 6:30 a.m. to 6:00 p.m.

What hours are you available? \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)  Yes  No

Have you ever been convicted of a felony?  Yes  No

All Staff member are subject to a national and state criminal background check, including fingerprints every 3 years.

## Education

School Name and Location

Year Major Degree

High School \_\_\_\_\_

College \_\_\_\_\_

College \_\_\_\_\_

Other Training \_\_\_\_\_

**Employment History**

**(Start with most recent employer)**

1. Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting Date \_\_\_\_\_ Starting Position \_\_\_\_\_

Ending Date \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting Date \_\_\_\_\_ Starting Position \_\_\_\_\_

Ending Date \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Starting Date \_\_\_\_\_ Starting Position \_\_\_\_\_

Ending Date \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This ministry is hereby authorized to make any investigations of my prior education and employment history.

I understand that employment at this ministry is "at will," which means that either I or this ministry can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that no supervisor, or employee of this company, other than the director, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_