

# Before & After Care

## Berea Lutheran Church

**PLEASE NOTE:** *It is important that you complete all parts of this application. If your application is incomplete or does not clearly show the experience and /or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.*

Personal Information	
Name (First, MI, Last):	
Mailing Address:	
City, State, and Zip Code:	
Telephone:	
If under 18, please list age:	
Email:	

Job Type					
Days/ Hours you are available to work					
Please put an X in the boxes that apply and fill in the boxes on the 3 <sup>rd</sup> row with the answers for those					
I have no preference	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
I would prefer to work:	Mornings	Afternoons	Anytime		
How many hours a week can you/ would you like to work?		Date available to begin	Leader Job	Aide Job	

Additional Information		
Have you ever been employed by this organization in the past?	Yes	No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the U.S.	Yes	No
Have you ever been convicted of a, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?	Yes	No

**If yes, to the last row please explain:**

### Education

School <i>High School</i>	Location (mailing address)	Years Completed	Major	Degree/ Diploma
<b>College/ Business/ Trade School</b>				

### Work Experience

*Please list ALL work experience beginning with your most recent job held. Attached additional sheets if necessary.*

Company:	Name of last supervisor:	Hr/Wk
Address:	Date Available to Start:	
City, State, Zip:		
Phone Number:		
Reason for leaving (be specific)		Your last Job Title:
May we contact this employer?	Yes	No

Company:	Name of last supervisor:	Hr/Wk
Address:	Date Available to start:	
City, State, Zip:		
Phone Number:		
Reason for leaving (be specific)		Your last Job Title:
May we contact this employer?	Yes	No

References
<i>Please include names, phone number, and circumstance of your acquaintance. Exclude relatives and former employers.</i>
1.)
2.)
3.)
I have certified that all answers and statements on this application are true and complete to the best of my knowledge. I Understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.
Signature:
Date:

**Thank you for taking the time to fill out this application. Please return to Berea Lutheran Church Office with a resume. After review, you will receive a phone call letting you know if we would like to interview you or not.**

**This job is working with children.**

**Please note, that after the interview process, you will be required to pass a background check before a full offer can be given.**

**Thank you for your time.**

**Director of Before and After Care**

**Paige Fladland**