

Woodmont Christian Preschool
3601 Hillsboro Road Nashville, TN 37215
Phone 297-9962 Fax 297-3991

APPLICATION FOR EMPLOYMENT

Last Name _____ **First Name** _____ **MI** _____ **Date** _____
Street Address _____ **Home Phone** _____

City, State, Zip _____ **Business Phone** _____

Have you ever applied for employment with us? _____ **Social Security #** _____

Yes _____ **No** _____ **If yes: Month and year** _____

Position Desired: (teacher, co-teacher, administration) _____ **Pay Expected** _____

Apart from absence for religious observance, are you available to work 27.5 to 35 hours/week between the hours of 8:30-3:30?

Yes _____ **No** _____ **Will you work overtime if asked?** _____

Are you legally eligible for employment in the United States? _____ **When will you be available to begin work?** _____

Have you been convicted of any crimes in the past ten years?

Yes _____ **No** _____ **If yes, describe in full** _____

Do you have any other special training or skills? (Languages, etc.)

EDUCATION

School	Name and Location of School	Course of Study	No. of yrs. Completed	Did you graduate?	Degree or diploma
---------------	------------------------------------	------------------------	------------------------------	--------------------------	--------------------------

Graduate _____

College _____

Business/Trade/Technical _____

High School _____

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
Telephone No.

1. Company Name

Address	Employed (State month & year) From _____ To _____
Name of Supervisor	Telephone No. & Extension
State Job Title and Describe Your Work	
Reason for leaving	

2. Company Name

Address	Employed (State month & year) From _____ To _____
Name of Supervisor	Telephone No. & Extension
State Job Title and Describe Your Work	
Reason for leaving	

3. Company Name

Address	Employed (State month & year) From _____ To _____
Name of Supervisor	Telephone No. & Extension
State Job Title and Describe Your Work	
Reason for leaving	

4. Company Name

Address	Employed (State month & year) From _____ To _____
Name of Supervisor	Telephone No. & Extension
State Job Title and Describe Your Work	
Reason for leaving	

ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc.

PERSONAL REFERENCES (Other than former employers)

Must have 3 references.

	Name	Address	Phone #	Fax #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Signature

Date

THIS PAGE FOR OFFICE USE ONLY

REFERENCE CHECK

Person Contacted

Results

EMPLOYMENT VERIFICATION

Employer

Person Contacted

Results

1

2

3

INTERVIEW RESULTS

Interviewer Name _____

Comments _____
