



Application for Employment

Medina United Methodist Church
Part-Time Nursery Caregiver

Applicant Legal Name: _____

Maiden name or other names you have gone by in the past: _____

Present Address (How long): _____

Past Address (How long): _____

Telephone: Cell: _____ Daytime: _____ Home: _____

Email: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Driver's License Number: _____

State of License Issued: _____

The above information is required for identification purposes only and is in no manner used as qualification for employment.
The _____ Church abides by all applicable state and federal employment laws.

Education:

High School: _____ Graduated: Yes: ___ No: ___

Technical/Community College: _____ Graduated: Yes: ___ No: ___

Degree: _____ Major: _____

College: _____ Graduated: Yes: ___ No: ___

Degree: _____ Major: _____

College: _____ Graduated: Yes: ___ No: ___



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Certifications:

First Aid Training:

Yes: ___ No: ___ Date Completed: _____

CPR Training:

Yes: ___ No: ___ Date completed: _____

AED Defibrillator:

Yes: ___ No: ___ Date Completed: _____

Other: _____

Yes: ___ No: ___ Date Completed: _____

Work Experience

(List last three places you have worked.)

Employer: _____ Telephone: _____

Address: _____

Job Title: _____ Dates of Employment: From: _____ To: _____

Job Description:

Supervisor Name: _____ Title: _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Job Description:

Supervisor Name: _____ Title: _____

Employer: _____ Telephone: _____

Address: _____

Job Title: _____

Dates of Employment: From: _____ To: _____

Job Description:



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Supervisor Name: _____ Title: _____

Professional Organizations: (List any in which you have membership)

Volunteer Experience:

Organization: _____ Telephone: _____

Address: _____

Position: _____ Dates of Service: _____

Description of Duties:

Supervisor Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

Position: _____ Dates of Service: _____

Description of Duties:

Supervisor Name: _____ Title: _____

Organization: _____ Telephone: _____

Address: _____

Position: _____ Dates of Service: _____

Description of Duties:



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Supervisor Name: _____ Title: _____

Are You a U.S. Citizen? Yes: ___ No: ___

If No, are you eligible to work in the United State? Yes: _____ No: _____

Have you ever been convicted of or plead guilty to a crime: either a misdemeanor or felony (including but not limited to drug-related child abuse, sex offender, other crimes of violence, theft, or motor vehicle violations?)

Yes: _____ No: _____ If yes, describe:

Have you ever worked in child care? Yes: _____ No: _____

If yes, complete the following:

Organization: _____ Telephone: _____

Address: _____

Position: _____ Dates of Service: _____

Description of Duties:

Supervisor Name: _____ Title: _____

Age(s) of Children: _____

Briefly explain why you believe you are qualified to be a Church Nursery Worker at Medina United Methodist Church:



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References:

List Three References (one personal and two professional):

Name: _____ Telephone: _____
Email: _____
Address: _____
Length of Time Acquainted: _____ Relationship: _____

Name: _____ Telephone: _____
Email: _____
Address: _____
Length of Time Acquainted: _____ Relationship: _____

Name: _____ Telephone: _____
Email: _____
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Waiver

Medina United Methodist Church

I, _____, hereby certify that the information I have provided on this application for employment is true and correct. I authorize this church to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by Medina United Methodist Church, I agree to abide by and be bound by the policies of Medina United Methodist Church, and to refrain from inappropriate conduct in the performance of my duties on behalf of Medina United Methodist Church.

I have read the waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

Signature of Applicant:

_____ Date: _____

Signature of Witness: _____ Date: _____