



DAYCARE EMPLOYMENT APPLICATION

8491 CHAMBERLAYNE ROAD, RICHMOND, VA 23227 | (804) 262-7104

We consider applicants for all positions without regard to race, color, gender, national origin, age, disability, marital or veteran status. However, applicant must be a Christian and a tithing member of a local church.

PLEASE PRINT

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
Advertisement	Friend	Walk-In
Employment Agency	Relative	Other _____
Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip
Day time Phone:	Email :	
Mobile:		
Social Security Number:	Date of Birth:	

Have you ever filed an application with us before?

Yes No

If "Yes," give Date _____

Have you ever been employed with us before?

Yes No

If "Yes," give Date _____

May we contact your present employer and request a reference?

Yes No

If hired are you able to submit proof that you are eligible for employment in the United States?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, Professional Licenses, Certifications, skills, job-related training in the US Military and extracurricular activities.

Employment References

1. ()
 Name Phone #

Address

2. ()
 Name Phone #

Address

3. ()
 Name Phone #

Address

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, gender, national origin, disabilities, or any other protected status.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	Final	
Reason for Leaving				Work Performed
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	Final	
Reason for Leaving				Work Performed
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	Final	
Reason for Leaving				Work Performed
Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)		Hourly Rate/Salary		Work Performed
Job Title	Supervisor	Starting	Final	
Reason for Leaving				Work Performed

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, national origin, age, ancestry, disability, or other protected status:*

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

____ PC	____ Word	Production/Mobile Machinery (list):	Other (list):
____ FAX	____ Excel		
____ Other			

State any additional information you feel may be helpful to us in considering your application.

Please list any medical conditions/concerns that we should know about.

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Are you able to obtain a certificate from a physician stating that you are free from any disability that would prevent you from caring for children

Yes No

If "No", explain-----

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing, in a reasonable manner, or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?

Yes (convicted in VA) Yes (pending in VA) No

If Yes to convicted or pending, specify crime(s) and date(s)

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?

Yes (convicted outside VA) Yes (pending outside VA) No

If Yes to convicted or pending, specify crime(s), and state, or other location

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?

Yes (in VA) No (in VA)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?

Yes (outside VA) No (outside VA)

If Yes, specify state, or other location

5. Do you use illegal drugs or engage in any type of drug abuse?

Yes No

Please disclose any negative information regarding your character, reputation, moral history or criminal history that the church should be aware of:

By signing below, I authorize FLM to obtain information, written, oral or other, from any law enforcement agency, or other persons with knowledge of such information, bearing on my character, mode of living, criminal background. FLM reserves the right to conduct this inquiry at any time.

I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.

Signature

Date



STAFF HEALTH REPORT

Physician's Statement

INSTRUCTIONS: Please provide a copy of this form to each employee to be given to his/her examining physician. The top portion of the form should be completed by the employee; the bottom portion must be completed and signed by the physician, physician's assistant, or licensed nurse practitioner. The signature of an R.N. or L.P.N. is NOT acceptable. Staff must have this form completed and submit it on an ANNUAL basis.

Name of Religious Institution

Name of Staff Member

This statement is signed in compliance with the Code of Virginia, Section 22.1-289.031 .

I certify that _____ is free from any
(Patient)
disability which would prevent him/her from caring for children under his/her supervision.

Physician/Nurse Practitioner's Signature: _____

Physician/Nurse Practitioner's Printed Name: _____

Date _____
(Month/Day/Year)

Address: _____

Telephone
Number _____