



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

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.

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

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name	First	Middle	Maiden	Social Security Number
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Current Mailing Address	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Name of Licensed/Registered Approved Facility/Provider	Street, P.O. Box #, Apt. #	City	State	Zip Code
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Have you lived outside of Virginia in the past five years? ☐ Yes ☐ No

If yes, what state(s) have you lived in: _____

Please respond to all four (4) questions below:

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 Virginia) ☐ Yes (pending in Virginia) ☐ No

If yes to convicted or pending, specify crime(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 Virginia) ☐ Yes (pending outside Virginia) ☐ 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 Virginia) ☐ No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia? ☐ Yes (outside Virginia) ☐ No (outside Virginia)

If yes, specify state, or other location: _____

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

Please Return to: Faith Landmarks Ministries
8491 Chamberlayne Road, Richmond VA 23227
Ph: (804) 262-7104 | Fax: (804) 266-7127



Dear Pastor/Church Administrator,

(Name of Applicant) _____ has applied for employment at our Daycare.
To assist us in making an appropriate selection, we would appreciate your time in completing this Pastoral Reference on the above candidate and their family. Should any unforeseen issues arise, we may request your assistance regarding this candidate's conduct while employed at our Daycare.
(Please have this information filled out prior to submitting to your Pastor).

Applicant's Name: _____
Address: _____

PASTOR: PLEASE FILL OUT, SIGN AND RETURN AS SOON AS POSSIBLE
(This may be delegated to other administrative personnel)

- I have known this applicant for _____ Months _____ Years
- The applicant is a regular attendee (at least weekly) in our meetings. (yes) (no)
- This applicant is is not a member of my congregation.
- If the family is not a member, do you expect them to become members in the near future? (yes) (no)
- Please list or summarize the areas of congregational service or ministry in which the applicant/members of this family are involved: _____

Please provide us with any comments or concerns about this applicant (or their family) that may assist us in making a decision:

Name of Church Signature and Title 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 _____