

HARVEST TIME CHILD DEVELOPMENT CENTER
EMPLOYMENT APPLICATION

Print Name: _____ Date: _____

Home Address: _____
Street City State Zip

Home Telephone: _____ Bus. Telephone: _____

Social Security Number: _____ Date of Birth: _____

Notify in case of emergency: Name: _____

Address: _____

Phone No: _____

Education: Highest Grade Completed: _____ Degree: _____

Graduation Date: _____

Most Interesting Subjects: _____

Do you have a current driver's license? State: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been screened for childcare? Yes _____ No _____

Do you smoke? Yes _____ No _____ Do you use alcohol? Yes _____ No _____

List any health problems: _____

Previous Employment History: (Two most current)

1. Company & Address: _____

Phone No: _____ Dates Employed: _____ Duties: _____

Reason for leaving: _____

2. Company & Address: _____

Phone No: _____ Dates Employed: _____ Duties: _____

Reason for leaving: _____

REFERENCES:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Hours you are available to work: _____

Age level of children you prefer to work with: _____

Name of Church you attend: _____

Your Pastor's Name: _____ Phone No: _____

Please give us a brief synopsis of the work you have been involved with in reference to children:

Please outline your views on child discipline:

List any skills you may have that would be useful in working with children:

Since this is a Christian organization (a ministry of Harvest Time Memorial Church), we would also like to know briefly about your spiritual experience: _____
