

# BLOSSOM HILLS CHILD DEVELOPMENT CENTER APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_

(LAST)

(FIRST)

(MIDDLE)

PRESENT ADDRESS \_\_\_\_\_

(STREET)

(CITY)

(STATE, ZIP)

PERMANENT ADDRESS \_\_\_\_\_

(STREET)

(CITY)

(STATE, ZIP)

PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? \_\_\_\_\_

HAVE YOU APPLIED OR WORKED WITH US BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED/#HOURS
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE			
GRADUATE STUDIES			
PROFESSIONAL WORKSHOPS SEMINARS			

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? \_\_\_\_\_ READ? \_\_\_\_\_ WRITE? \_\_\_\_\_

ACTIVITIES: CIVIC, ATHLETIC, ETC. \_\_\_\_\_

ARE THERE ANY PHYSICAL OR PERSONAL LIMITATIONS ON THE TYPE OF WORK YOU CAN DO WITH CHILDREN AT SCHOOL OR THE AMOUNT OF TIME YOU CAN SPEND AT WORK?

YES  NO PLEASE EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL PROBLEMS OR PHYSICAL LIMITATIONS WHICH COULD AFFECT YOUR ABILITY TO PERFORM THIS JOB? \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

Employees must be enrolled in the Criminal History Registry. Employment is subject to fingerprinting and criminal records and child protective services records checks as required by ORS 181.537.

**FORMER EMPLOYERS**

Date - Month & Year	Name, Address, Phone #	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**REFERENCES - A letter of reference from your Pastor is required as part of this employment application.**

Three individuals who can speak to your spiritual walk

Name	Address/Phone	Business/Occupation	Years Acquainted

Three individuals who can provide a personal reference

Name	Address/Phone	Business/Occupation	Years Acquainted

Three individuals who can speak of your job performance

Name	Address/Phone	Business/Occupation	Years Acquainted

**IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

I understand that this application may be withdrawn or employment may be terminated if I have made any misrepresentations on this form. I authorize the church/BHCDC to contact all references to seek job-related information about me, and I release the church/BHCDC and all other persons and companies from liability for furnishing or obtaining such information.

Signature/Date \_\_\_\_\_

I also understand that this employment is for an indefinite period and may be terminated by either employee or the employer at any time, with or without notice and with or without cause.

Signature/Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

CLASSROOM OBSERVATION RESULTS \_\_\_\_\_

DATE OBSERVED \_\_\_\_\_ DEPT. \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

## Blossom Hills Child Development Center Applicant Packet Questionnaire

1. When and why did you become interested in young children?
2. Describe your philosophy of education.
3. How do you gain a child's trust?
4. What do you feel is important in dealing with parents and staff?
5. What three qualities do you possess, as a teacher, which you would bring to us?
6. Tell us about your relationship with Jesus Christ.
7. What are some of your personal and professional goals?