

Little Blessings Child Care Ministry
Application for Employment



Personal Information:

Date of Application: _____

Name:

Last

First

Middle

Address:

Street

(Apt.)

City, County

State, Zip

Telephone:

Home # ()

Cell # ()

Email:

Are you at least 18 years of age?

Position Sought:

Pay Rate Sought:

Are you currently employed?

Have you ever been convicted of a felony?

Education:

	Name & Location	Graduate?-Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc.			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above-mentioned position.

Please briefly state and explain your personal Philosophy and Mission Statement regarding Early Childhood Education.

Previous Work Experience:

Please list most recent first.

Employed		Company	Supervisor	Location	Position	Begin Salary	End Salary
Start	End						

Job notes, tasks performed and reason for leaving:

Employed		Company	Supervisor	Location	Position	Begin Salary	End Salary
Start	End						

Job notes, tasks performed and reason for leaving:

Employed		Company	Supervisor	Location	Position	Begin Salary	End Salary
Start	End						

Job notes, tasks performed and reason for leaving:

References:

Please list two (2) Business References and one (1) Personal Reference

Name	Address	Telephone	Email

Name	Address	Telephone	Email

Name	Address	Telephone	Email

Availability:

Our hours of operation are Monday through Friday. 6:00 a.m. to 6:00 p.m. Please fill out the boxes below to indicate which days and hours you are available to work.

Monday	Tuesday	Wednesday	Thursday	Friday

Available start date: _____