



# CLINE AVENUE FELLOWSHIP CHILDCARE APPLICATION

(PLEASE PRINT AND FILL OUT ENTIRELY)

## GENERAL INFORMATION

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

Last Name:	First Name:	Middle Initial:	Birth Date (M/D/YR): ____/____/____	
Address:	City:	State:	Zip:	Apartment #:
Marital Status [For Tax Purposes Only]: ( ) Single ( ) Married				
E-Mail Address:	Phone Number: ( )			
Social Security #:	Are you a citizen of the United States? __Yes __No			
Are you legally entitled to work in the U.S.? __Yes __No	Have you ever worked for this company? __Yes __No			
Have you ever been convicted of a felony? __Yes __No	Have you served in the United States Military? __Yes __No			

## POSITION APPLYING FOR

Position: Childcare Staff Member	Will Accept: __ Part-Time __ Full-Time __ Temporary
Are you able to perform the essential functions of the job you are applying for? __Yes __No	
Salary Desired (Wage/ Per Hour):	Date Available:

## EDUCATION AND TRAINING

NAME AND LOCATION	Years Attended	Graduate?	Degree/Major
High School:	From	__Yes	
	To	__No	
College:	From	__Yes	
	To	__No	

## CHRISTIAN AFFILIATION

Do you regularly attend church? __Yes __No	Church Name/Pastor's Name:
How long have you attended?	Are you a member of the church? __Yes __No

## WORK EXPERIENCE

<b>Employer:</b>	Telephone Number:	From (Month/Year):
Address:		
Job Title:	Number Employees Supervised:	To (Month/Year):
Specific Duties (Maximum 1000 characters)		Hours Per Week:
		Last Salary:
		Supervisor:
Reason For Leaving:	May We Contact This Employer? __Yes __No	

<b>Employer:</b>	Telephone Number:	From (Month/Year):
Address:		
Job Title:	Number Employees Supervised:	To (Month/Year):
Specific Duties (Maximum 1000 characters)		Hours Per Week:
		Last Salary:
		Supervisor:
Reason For Leaving:	May We Contact This Employer? __Yes __No	

## PERSONAL REFERENCE (Must Be Non-Family Member)

<b>Name:</b>	Telephone Number:	Their Occupation:
How long have you known this person?		
<b>Name:</b>	Telephone Number:	Their Occupation:
How long have you known this person?		

## DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminated based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.*