

Lake Shore Baptist Children's Center – Application for Employment
5801 Bishop Drive Waco, TX 76710 • 254-772-6459 • lsbcc1@hotmail.com
Open Monday-Friday 7:15-5:30pm

Date: _____

Name: _____
Last First Middle Maiden

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Previous Address: _____ City: _____ Zip: _____

Email: _____ Driver's License #: _____ State: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Have you ever applied with us before? () Yes () No If yes, when? _____

Position Desired: _____ Salary Desired: _____ Full-time () Part-time () Substitute ()

What days and hours Monday-Friday are you consistently available? _____

Are you interested in substituting until a position becomes available? () Yes () No

Are you currently employed? () Yes () No If yes, may we contact your present employer? () Yes () No

What date could you begin employment? _____ Do you have reliable transportation to work? () Yes () No

Are you proficient in another language? _____

Have you ever been in the Armed Forces? () Yes () No

If yes, specialty: _____ Date Entered: ___/___/___ Date Discharged: ___/___/___

Are you 18 years of age or older? () Yes () No If not, are you currently enrolled in a HECE/PELE program? _____

Have you ever been convicted of a felony or been involved with a child abuse or neglect court action or official investigation? () Yes () No If yes, explain: _____

Are you legally eligible for employment in this country? () Yes () No

Have you ever been bonded? () Yes () No

Describe your health: () Excellent () Good () Fair () Poor

Do you have any physical or psychological impairment that would limit your job performance for the company?
() Yes () No If yes, explain: _____

Do you have children needing placement in our Center? () Yes () No

If so, list names and ages:

1. _____ 2. _____ 3. _____

Work Experience:

Please list your work experience accurately and completely, beginning with your present or most recent employer.

Company Name:		Name of Supervisor	Employment Dates	Pay Rate or Salary
Address:			From: To:	Start: Final:
Telephone: ()	Job Title:		Full-time () Part-time ()	
Reason for Leaving (Be specific):				
List the jobs you held, duties you performed, skills used or learned, advancements or promotions while you worked at this company.				

Company Name:		Name of Supervisor	Employment Dates	Pay Rate or Salary
Address:			From: To:	Start: Final:
Telephone: ()	Job Title:		Full-time () Part-time ()	
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Company Name:		Name of Supervisor	Employment Dates	Pay Rate or Salary
Address:			From: To:	Start: Final:
Telephone: ()	Job Title:		Full-time () Part-time ()	
Reason for Leaving (Be specific):				
List the jobs you held, duties you performed, skills used or learned, advancements or promotions while you worked at this company.				

Education:

High School:

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Circle last grade completed: 7 8 9 10 11 12 Year Graduated: _____ GED: _____

Submit copy of diploma or GED

College:

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Years Completed: _____ Graduated? () Yes () No Degree: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Years Completed: _____ Graduated? () Yes () No Degree: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Years Completed: _____ Graduated? () Yes () No Degree: _____

Submit copy of degree

CDA certificate: () Yes () No

If yes, date of validation: ____/____/____ Age Group: _____ Renewal Date: ____/____/____

Where did you receive this validation? _____

Submit copy of certificate

Certifications:

First Aid Training: () Yes () No Expiration Date: ____/____/____

CPR: () Yes () No Expiration Date: ____/____/____

Other: _____ Expiration Date: ____/____/____

Please list any applicable skills or experience not listed in work experience. Include any child care related college courses.

Please finish the following sentences:

I work well with children because _____

I am choosing to apply at Lake Shore Baptist Children's Center because _____

I feel I communicate well with adults and children because _____

I feel that gaining further knowledge in the field of Child Development is important because _____

I feel my best skills in working with children are _____

I believe children learn best _____

I believe in teamwork and goal setting because _____

My ideal teaching partner would _____

Five years from now I see myself _____

Please answer the following questions:

Do you believe yourself to be flexible and cooperative with your hours and work assignments? Explain.

Do you feel you take direction well from others? Explain.

What age group do you feel most comfortable with? Explain.

Professional References (Must be a supervisor):

Name: _____ Relationship to you: _____
Company: _____ Telephone: (____) _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

OFFICE USE ONLY Comments:	Date reference letter sent:
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Name: _____ Relationship to you: _____
Company: _____ Telephone: (____) _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

OFFICE USE ONLY Comments:	Date reference letter sent:
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Name: _____ Relationship to you: _____
Company: _____ Telephone: (____) _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____

OFFICE USE ONLY Comments:	Date reference letter sent:
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"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

Signature: _____ Date: ____/____/____
OFFICE USE ONLY: ____ Copy of Driver's License ____ Copy of Social Security Card
1st Interview Date: ____/____/____ Time: _____ Interviewed by: _____
Working Interview Date: ____/____/____ Time: _____ Classroom: _____
Staff working with prospective employee: _____