

All Kidz Preschool

Application for Employment



1130 E. Plant St. Winter Garden, Fl. 34787 407-347-3648

For your application to be properly evaluated it is essential that all of the following questions, be answered carefully and completely.

Personal Information

(Please Print Legible)

Date available for employment: _____ Start Date: _____

Name: _____ Birth Date: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Email Address: _____ Social Security Number: _____

Telephone Number: _____ Cell Number: _____

How long have you lived at your current address? _____

How did you hear about this position? _____

Have you lived outside of the state of Florida in the last 5 years? ___Yes ___No

Have you worked or attended school under any other name(s)? ___Yes ___No If yes, please provide names _____

Are you a US citizen? If not, are you legally eligible for employment in the US? If hired can you furnish proof that you are eligible to work in the United State? (Employment is contingent upon satisfactory proof of eligibility to work in the United States) ___Yes ___No

Person to call in case of Emergency:

Name: _____ Phone Number: _____

Position Desired

Position Desired _____

Are you seeking _____ Full time (or) _____ Part time?

Can you work any Shift? ___ Yes ___ No Only: from _____ to _____

Please use numbers 1-5 starting with number one (your favorite) on which room you prefer.

Do you prefer a certain age group of children? ___ Infants ___ One's ___ Two's ___ Three's ___ Four's

Do you have any special skills, training, or experience which may help you qualify for the position? (Use back of sheet if necessary)

What three responsibilities do you see as the most important for the position?

1. _____
2. _____
3. _____

What is your favorite children's book? _____

Have you ever worked for AKP before? ___ Yes ___ No If yes, when _____

Have you ever applied here before? ___ Yes ___ No If yes, when _____

Do you have any relatives already employed at AKP? ___ Yes ___ No

Name: _____

Do you have dependable transportation? ___ Yes ___ No

Do you have a current CPR and First Aid Card? ___ Yes ___ No Expiration Date: _____

I do realize this is a Bible based and a Christian environment? ___ Yes ___ No

Can you perform the job requirement (either with or without reasonable accommodations)? ___ Yes ___ No

Once you receive an AKP Handbook. Will you abide by the handbook? ___ Yes ___ No

Do you have any questions about your job requirements or description? ___ Yes ___ No

Do you profess to be a Christian? ___ Yes ___ No Where do you attend church? _____

What activities do you attend or participated in at your church?

Statement of Faith: _____

(Please use the back or another sheet of paper for your statement)

Have you ever been charged, arrested or convicted of a felony or misdemeanor? Yes No If yes give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Have you ever terminated your employment or had your employment terminated or has your employer ever reprimanded you for reasons relating to allegations of physical or sexual abuse or sexual harassment by you? Yes No If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Have you ever been accused, disciplined or terminated from employment (either through dismissal or resignation) for reason(s) related to an allegation or theft or mishandling of monies or company property? Yes No If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Has anyone ever brought or threatened to bring a civil or criminal claim against you alleging physical or sexual abuse or sexual harassment by you? Yes No If yes, give a short explanation of incident. Please indicate the date, nature and place of the incident the disposition of the allegations, and your employer at the time. Including your employee's name, address and telephone number. (An affirmative answer does not automatically eliminate you from consideration).

Employee Probation Period

I, _____ understand that beginning on my hire date of _____ I am automatically under a 90 day probation period and understand that during this time a 30 day or a 60 day review may be called by my pastor or supervisor. I understand my beginning wage is \$_____hr.

If hired, you must have the following by your start date:

1. All Paperwork completed and notarized.
2. Enrolled in or completed 45-hour state classes
3. Up to date CPR and First Aid
4. Copy of Driver's License and Social Security Card
5. Fingerprinting returned from the state
6. High School and college diploma

Educational Background

Type of School	Name/Location	Number of Years Completed	Major	GPA	Degree Obtained
High School					
College					
Graduate					
Vocational					
State 45 Hours					
CDA/FCCPC					
Fire Extinguisher Class					

All Kidz Preschool shall comply with appropriate federal and state laws and regulations prohibiting discrimination based on race, color, gender, national origin protected, age category, religion or qualified disability. However, APK does reserve the right to use appropriate selection criteria in fulfillment of its stated goals and objectives and to reject applications for enrollment that we do not feel are consistent with our goals, purpose and Godly principles.

References

May we contact the employer's listed? ___Yes ___No If not, please indicate which one(s) you do not wish us to contact by putting a check by the number.

Personal References (Not Related to You)

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____
3. Name: _____ Phone Number: _____

References

1. Employed: From: _____ to _____
Company Name: _____ Title: _____
Address _____
Supervisor's Name and Title: _____
Supervisor's Phone Number: _____
Work Performed: _____
Reason for Leaving: _____
2. Employed: From: _____ to _____
Company Name: _____ Title: _____
Address _____
Supervisor's Name and Title: _____
Supervisor's Phone Number: _____
Work Performed: _____
Reason for Leaving: _____
3. Employed: From: _____ to _____
Company Name: _____ Title: _____
Address _____
Supervisor's Name and Title: _____
Supervisor's Phone Number: _____
Work Performed: _____
Reason for Leaving: _____

Applicant's Declaration, Authorization and Release

I hereby certify that the information contained in this application and any attachments are true, correct, and complete and I agree to have any of the statements checked by AKP, and/or its representatives unless I have indicated to the contrary. I understand that any misrepresentation, falsification, or omission of information on this application may result in failure to receive an offer or, in my dismissal form employment. AKP reserves the right to rescind an offer of employment should circumstances or conditions arise any time after offer date that are not in agreement with our ministry guidelines and standards, or that could adversely affect applicant or AKP and its legal authority to work in the United States. I understand that consideration of my employment does not create a contractual obligation upon the employer to employ me now or in the future.

I hereby understand and acknowledge that, otherwise defined by applicable law, any employment relationship with AKP is of and "at will" nature, which means that the employee may resign at any time and AKP, may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Board of Elders. I understand, also, that I am required to abide by all rules and regulations of AKP.

I authorize the former places of employment listed on the previous pages and my church to provide AKP and/or its representative's any and all information concerning my previous employment and any pertinent information they have. Further, I release all parties from all liability for any damage that may result from use of such information by AKP.

Print Name: _____

Signature: _____ **Date:** _____