

Agape Children's Center

Application for Ministry Employment

Pre-employment Questionnaire

An Equal Opportunity Employer

Name: _____ S.S. No. _____
 First Middle Last

Address: _____

Phone No. _____ Are you 18 yrs. or older? _____

Employment Desired:

Position: _____ Salary Desired: _____

Are you applying for full time or part time work? _____

Date you can start _____

Hours of availability _____

Are you Currently Employed? _____ May we contact your present employer? _____

Have you ever worked in a daycare or school before? _____

If so, where: _____

Are you registered through the Ohio Professional Development Registry? _____

Education:

High School: _____
 Address Did you graduate?

College: _____
 Address Did you graduate?

List Degree(s): _____

List other applicable ECE classes _____

List Trade or Business School or Courses: _____

1. Place of church attendance: _____

2. As employees of Dayspring Church, Agape Children's Center Staff members are expected to be:

- Persons who are born-again Christian
- Persons who are committed to Holy Spirit leadership
- Persons who possess purity of mind, conversation, and action
- Persons who refrain from tobacco, drugs and alcohol
- Persons who live as examples of the Christian lifestyle
- Persons who are willing to prepare well for their task
- Persons who are concerned with spiritual welfare of the children in their charge
- Persons who are willing to work in a pleasant attitude of cooperation with administrators and fellow workers

Do you qualify as such a person? _____ Yes _____ No

3. Describe your personal experience with God:

4. Describe your concept of the relationship that should exist between fellow employees:

5. Describe your experience in working with children:

6. Write a brief statement describing your concept of what the role Agape Children's Center could be in the life of a child:

7. Write any other comments you would like to communicate:

8. List any special skills or attributes that would help qualify you for this position:

Former Employees: (List below your three most recent employers, starting with the last one first)

Date	Name and Address	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			

In Case of an Emergency Notify:

Name	Address	Phone Number
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Have you ever been convicted of a misdemeanor? _____ a felony? _____

Also required before employment begins: An employee Medical Statement (You will be issued an exam form that is required to be on file before employment starts); Background check, including fingerprints: (Directions will be given upon offer of employment); Proof of education (Diploma, College Transcripts, Training forms issued from ODJFS or ODE); signed statement of Non-conviction and tax/I-9 forms proving legal ability to work in the US; Lifestyle Agreement

I certify that the facts 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 investigation of all statements contained herein and the references listed 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 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 any wages and salary, be terminated at any time without any prior notice.

Signature	Date
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References

In accordance with Licensing Standards rule 5101:2-12-08, prospective employees must furnish the center with at least three persons NOT RELATED TO YOU, that may be contacted for references.

1. Name _____
Address _____
Phone Number _____

2. Name _____
Address _____
Phone Number _____

3. Name _____
Address _____
Phone Number _____

4. Name _____
Address _____
Phone Number _____

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Interviewed by: _____ Date: _____

Comments:

Hired: _____ Yes _____ No

Position: _____

Salary/Wage: _____ Date Reporting to Work: _____

Administrator's Signature: _____

File:

- _____ High School Diploma
- _____ Applicable College Transcripts
- _____ Training forms from prior approved training
- _____ FBI Check
- _____ Medical Form
- _____ Convictions Statement
- _____ Lifestyle Agreement
- _____ I-9 and tax forms new employee worksheet