



Morrison Heights Preschool

APPLICATION FOR EMPLOYMENT

TODAY’S DATE: _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET ADDRESS

CITY STATE ZIP CODE

HOME PHONE () _____ CELL PHONE _____

E-MAIL _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

Male _____ or Female _____

EDUCATION:

HIGH SCHOOL COMPLETION DATE: _____

IF GED, DATE COMPLETED: _____

COLLEGE COMPLETION: _____ COLLEGE MAJOR: _____

IF STILL IN COLLEGE WHAT YEAR: _____

Position Desired: _____

Ages of Children Preferred: _____ Date Available to work: _____

Hours available to work:

MORNING: _____ AFTERNOON: _____ SUBSITUTE ONLY: _____

Days you CAN work:

Monday: ___ Tuesday: ___ Wednesday: ___ Thursday: ___ Friday: ___

Summer Holidays ONLY: _____ Thanksgiving Holiday: _____

Christmas Holidays: _____ Spring Break Holiday: _____

1. Do you have dependable transportation: YES _____ NO _____

2. Do you live in a dorm: YES _____ NO _____

3. Have you ever been convicted of a misdemeanor or felony?
YES ___ NO ___ If yes, please explain: _____

4. Do you feel that you are a person of high moral character?
YES _____ NO _____

5. Do you attend church regularly? YES _____ NO _____ If so,
where? _____

6. May we contact the Pastor or another staff member for an
additional personal reference? YES _____ NO _____ If so,
please provide us with the following information:

Name: _____ Position: _____ Phone #: _____

7. Please write a brief summary describing yourself and why you
would like to work at Morrison Heights Preschool or Afterschool.
Include any information you wish concerning your family, church,
hobbies, interest, talents, or experience with children. You may
carry over to the back if needed.

EMPLOYMENT AND/OR EXPERIENCE BACKGROUND

List two (2) prior Employers beginning with the most recent:

NAME _____ PHONE _____

ADDRESS: _____
CITY STATE ZIP CODE

POSITION: _____ DATE EMPLOYED: _____

SALARY: \$ _____ REASON FOR LEAVING: _____

NAME _____ PHONE _____

ADDRESS: _____
CITY STATE ZIP CODE

POSITION: _____ DATES EMPLOYED: _____

SALARY: \$ _____ REASON FOR LEAVING: _____

PERSONAL REFERENCES

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

NAME: _____ RELATIONSHIP: _____ PHONE#: _____

By my signature below, I certify that the statements I have made herein are true to the best of my knowledge. I hereby authorize Morrison Heights Preschool and Afterschool to verify the accuracy and adequacy of this data and release from all liable persons and/or businesses supplying such information. I understand that any misrepresentation may be grounds for dismissal.

I also authorize Morrison Heights Preschool and Afterschool to conduct a child abuse registry check, as well as a criminal records check, as required by the State Department of Health.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

Date of Employment _____

Orientation completed _____

Room assigned _____

Hours Scheduled _____