

Nu Nation Church of Zion  
Halo Early Learning Childcare and Pre-school  
(317) 777-8299

## Employment Application

(PLEASE PRINT IN INK)

Position(s) Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone \_\_\_\_\_ Alternative Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Emergency Contact

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Telephone \_\_\_\_\_

Relation \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_

\_\_\_\_\_

What salary or rate of pay do you expect to receive if employed? \_\_\_\_\_

Do you smoke? (Circle One)      Yes      No

Are you legally eligible to work in the United States? (Circle One)      Yes      No

(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? (Circle One)      Yes      No

Have you ever been fired or asked to resign from a job? (Circle One)      Yes      No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.) (Check all that apply)

Day\_\_\_\_\_ Sunday\_\_\_\_\_ Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_

Thursday\_\_\_\_\_ Friday\_\_\_\_\_ Saturday \_\_\_\_\_

AM\_\_\_\_\_ PM\_\_\_\_\_

## EDUCATION

Name and Location of School \_\_\_\_\_

Course of Study or Major \_\_\_\_\_

# of Years Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate \_\_\_\_\_

Vocational \_\_\_\_\_

Please list any academic honors, scholarships, offices held, etc. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe any specialized training, apprenticeships, licenses or skills. \_\_\_\_\_

\_\_\_\_\_

Have you received any job-related training in the United States Military? (Circle One) Yes      No

Please give dates and explanation: \_\_\_\_\_

## EMPLOYMENT HISTORY

(Begin with your current or most recent employer. Do not exclude any employment. Include any applicable temporary employment and attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at HALO.)

Company Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Phone (Including Area Code) \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving and explanation: \_\_\_\_\_

\_\_\_\_\_

Company 2 Name: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_

Salary: Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Phone (Including Area Code) \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving and explanation: \_\_\_\_\_

\_\_\_\_\_

Please provide any other information that you feel will help us in considering your application for employment. \_\_\_\_\_

## REFERENCES

Please list two people, who are not related to you or previous supervisors, who can provide professional references.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship/Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship/Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

As part of my application, I have been requested to provide information concerning my background and qualifications. Therefore, I authorize the investigation of my past and present work, character, education, military experience, and employment qualifications by the above Company.

The release in any manner of any and all information by you to the Company indicated above is authorized whether such information is of record or not. I do hereby release all persons, agencies, firms, companies, etc., from any responsibility for damages resulting from their provision of such information.

This authorization is valid for 90 days from the date of my signature below. Please keep this copy of my release for your files. Thank you for your cooperation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Medical information is often protected by state laws and civil codes. Consult your attorney if you wish to seek this information.

Note: Many employers are reluctant to provide information on previous employees. If you ask each prospective employee to distribute this form to his or her references before you contact them, the prior employers may be more willing to release information.

**Supplemental Criminal History Information**  
**Child Care Development Fund**  
**Employee or Volunteer**

I, \_\_\_\_\_ have been informed that participation in CCDF Program requires the following individuals to consent to a statewide criminal history check:

- A. The applicant (defined as person signing the application)
- B. Any employee or volunteer serving as a caregiver at the facility where the provider provides child care.

I have also been informed that in addition to the requirement to consent to a statewide criminal history check, I shall report to the Child Care Facility and the Bureau of Child Care ALL information regarding:

- 1. Police Investigations
- 2. Arrests: and
- 3. Criminal Convictions

Not listed on the statewide criminal history record or that occurs after the initial statewide criminal history check was conducted.

I understand by my signature that I shall report this information to the child care provider requesting my criminal history immediately and that my failure to report this information may result in the provider's inability to participate in the Child Care Development Fund Voucher Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Unlicensed Registered Child Care Ministry Substance Abuse Screening  
Test Consent Form**

Ministry Name: Halo Childcare & Preschool  
RM-101271-A/RM-101827-A

Ministry ID#

Phone: (317) 777-8299

Ministry Address: 9425 E 33rd Street

Person to be Screened: \_\_\_\_\_ ☐ Self ☐ Employee or  
Volunteer

Indiana Code 12-17.2-5-3.5 requires that each child care Ministry shall maintain and make available drug test results which do not show a presence of illegal controlled substance(s) for themselves, all individuals' employee or volunteer caring for children prior to application, employment or volunteering. This shall include Amphetamines, Cocaine, Opiates, PCP and THC.

I understand that I have been informed that drug test results must be maintained to the unlicensed registered child care Ministry and available to the Division of Family Resources (DFR). Confidentiality of these drug testing results will be maintained by the Ministry and will not be disclosed to any other purpose. The results of this required supplying such a test, indicate the presence of an illegal controlled substance, the registered Ministry shall immediately suspend or terminate the individuals from participation in the Child Care Development Fund (CCDF) voucher program. I further understand that this test and any subsequent test will be conducted at the Ministry's or individual's expense. An inconclusive drug test will not be considered a drug test for purposes of determining compliance with IC 12-17.2-5-3.5.

I understand that if I refuse to consent to take the test and maintain the results for inspection by the DFR, that I will not be in compliance with IC 12-17.2-5-3.5.

I have read and understand the Drug Testing Guidelines and consent form that have been provided to me.

I hereby: \_\_\_\_\_ Consent  
\_\_\_\_\_ Refuse

To the drug test, and to provide the results to the Ministry that will be maintained and available for inspection by the DFR.

\_\_\_\_\_  
Signature (Individual undergoing drug testing) Date \_\_\_\_\_

\_\_\_\_\_  
Signature (Ministry Director) Date \_\_\_\_\_

*(Please maintain a copy of this signed release form and drug test results in files accessible to DFR Personnel)*

**Drug Testing Policy**  
**Employee and Volunteer**

I, \_\_\_\_\_ agree to and understand the following policy.

- All employees and volunteer applicants shall have a drug test prior to providing child care at the facility.
- All employees and volunteers are subject to random drug testing at any time.  
Refusal to submit to a random drug test will be classified as a positive drug test result.
- Any employee and volunteer suspected of being under the influence of drugs and alcohol will be immediately required to submit to a drug test and will be placed on a suspended status until the results of that drug screen are obtained.
- Any applicant with a positive drug test result will be immediately terminated from their child care duties with the facility.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Tobacco and Substance Policy**  
**Child Care Development Fund**

I, \_\_\_\_\_, have been informed that my participation in the Child Care Development Fund Voucher program requires me to provide assurance that I will not allow anyone to participate in the following acts during the hours in which I provide child care.

- I will not use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not allow any staff member or guest to use tobacco anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not use alcohol anywhere in the child care facility (including outdoor play areas) during child care hours.
- I will not use any substance labeled harmful or fatal (if swallowed or inhaled in a manner other than areas) during child care hours.
- I will allow guests to use any substance labeled harmful or fatal if swallowed or inhaled in a manner other than areas) during child care hours.
- I will not have possession of any illegal substance on the premises of the child care facility.

I understand by my signature below that my failure to comply with the above statements may result in the Ministry's inability to participate in the Child Care Development Fund Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Workplace Violence Policy**

Halo Childcare & Preschool is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence of society in general, Halo Childcare & Preschool has adopted the following guidelines to deal with intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including supervisors and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices, substances or creatures are prohibited from the premises of Halo without proper authorization.

Conduct that threatens, intimidates, or coerces another employee, a customer, or a member of the public at any time, including business functions and off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a supervisor. Do not place yourself in peril. If you see or hear a commotion or disturbance near your workstation, do not try to intercede or see what is happening.

Halo will promptly and thoroughly investigate all reports of threats or actual violence of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Halo may suspend employees, without pay, pending investigation. Anyone determined to be responsible for threats of ( or actual) violence or other conduct that is in violation of these guidelines may be subject to prompt disciplinary action up to and including termination of employment.

Halo encourages employees to bring their disputes or differences with other employees to the attention of their supervisors before the situation escalates into potential violence. Halo is eager to assist in the resolution of employee disputes and will not discipline employees for raising such concerns.

I, \_\_\_\_\_ have received a copy of the Halo workplace violence policy. The company workplace violence policy contains policies, practices, and regulations, which are relevant to my employment with the company.

I have read and understood these policies, practices, and regulations. I additionally agree to comply with these policies, practices, and regulations during my employment with said Company.

I further understand that I will be responsible for complying with future changes in any such policies, practices and regulations. Whether or not I have signed or acknowledged such changes, it will be my responsibility to adhere with all such changes communicated to employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Applicant Acknowledgement and Authorization**

### **\*PLEASE READ CAREFULLY BEFORE SIGNING\***

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Halo Childcare & Preschool (hereinafter referred to as "HALO") that such employment with Halo is at will, for no specified duration and may be terminated by either HALO or myself at any time, with or without cause or notice.

I understand that none of the documents, policies, and procedures, actions, statements of HALO or its representatives used during the employment process is deemed a Executive Director has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director of HALO in consideration for employment with HALO.

If employed, I agree to conform to the rules, regulations, policies and procedures of HALO at all times and understand that such obedience is a condition of employment. I understand that due to the nature of HALO business, attendance and punctuality are considered essential requirements of every job at HALO and that poor attendance or tardiness will result in disciplinary action. I understand that if offered a position with HALO, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to HALO and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND  
AGREE TO THE ABOVE STATEMENTS.**

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Signature

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Date

**HALO CHILDCARE & PRESCHOOL IS PROUD TO BE AN EQUAL OPPORTUNITY  
EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION  
WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN,  
AGE, DISABILITY VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY  
LAW.**

## **Drug Free Workplace Policy**

### **Purpose:**

The company is committed to providing a safe working environment and likewise expects its staff to report to their job physically and mentally for work. Furthermore, the company is committed to assuring its continued representation as a quality business enterprise. To achieve these goals, the company must take a firm and positive stand against a drug-free work environment for the benefit of staff and customers of the company.

With respect to existing staff, the policy's objective is to eliminate substance abuse, not the substance abuser. To this end, the company is prepared to help and support all staff requesting assistance in dealing with drug or alcohol problems. No one will be disciplined for requesting assistance. Indeed, the company has established an Employee Assistance Program that provides confidential services to staff who seek help in dealing with drug or alcohol problems. The program may include referral to outside treatment or rehabilitation facilities. The costs of treatment may be covered in accordance with applicable benefit plans.

### **Policy Requirements:**

1. The use, possession, sale or transfer of an illegal drug by any associate on company premises, in the performance of company business, or at company-sponsored events, is strictly prohibited.
2. The use of any legally obtained drug by any associate while performing company business or while on company premises is prohibited to the extent that such use may adversely affect the safety of the associate or others, the associate's job performance or the company's regard or reputation in the community. Staff who have been informed or have discovered that the use of a legal drug may adversely affect job performance or behavior are to report such drug use and possible side effects to management.
3. The unauthorized use, possession, sale, or transfers of alcohol on company premises are prohibited. The use of alcohol by staff while conducting company business, attending company-sponsored business or social functions, or otherwise representing the company outside of company premises is permitted only to the extent that it is not

unlawful and does not adversely affect the safety of the associate or others, the associate's job performance or the company's regard or reputation in the community.

4. The presence in specified amounts of any illegal drug or alcohol in an associate's system while on company premises or while otherwise performing company business is prohibited. This includes (but is not limited to) the use of hemp products which may cause a positive test result for cannabis, regardless of the source; for this reason, the company does not approve of or otherwise condone the use of any hemp products, nor will it allow such use to excuse any positive test result for cannabis.

#### Testing and Treatment:

1. All prospective new staff will be tested for the use of illegal drugs and controlled substances. All offers of employment made to the applicant are contingent upon successful completion of a pre-employment drug test. Applicants who refuse to complete the necessary paperwork and test, or who test positive on the drug screen, will not be offered employment. Any contingent offers of employment will be revoked under these circumstances.
2. Any staff involved in an on-the-job accident or any other incident in which the associate or others were or could have been injured will be required to take a breath test, urinalysis or other drug/alcohol test before returning to or resuming work for the company. An associate must complete the necessary drug information and consent forms prior to the testing.
3. Whenever anyone in the company suspects that an associate's work performance or on-the-job behavior may be affected in any way by alcohol or drugs, or that an associate has otherwise violated this policy, he/she shall immediately report the suspicion to the direct supervisor or to the Human Resources Department. The company may then require a breath test, urinalysis, or other drug/alcohol test. An associate must complete the necessary drug information and consent forms prior to testing.
4. Throughout their employment with the company, all staff will be required to consent in writing to undergo periodic testing for the presence of any illegal drug or alcohol in an associate's system while on company premises or while otherwise performing company business.

5. Any associate who has completed the company's Employee Assistance program for possible drug/alcohol use will be required to consent in writing to undergo periodic testing for a period of one year after release from the treatment program.
6. An associate who tests positive for alcohol or drugs during the associate's introductory period will be discharged immediately for violation of this policy. After the associate's introductory period, an associate whose alcohol or drug test is positive will be subject to discipline (as set out in the following section) and may be also be provided the following rehabilitative procedure:
  - a. **First positive:** If the company determines that it wishes to provide rehabilitative assistance to the associate, the associate will be placed on an immediate leave of absence and referred to the Employee Assistance Program for mandatory participation. The associate cannot return to work until a company approved counselor or physician releases the associate to return to regular and complete job duties and responsibilities.

Disciplinary Action:

1. Any violation of these policy requirements will result in a discipline up to and including discharge, even for a first offense. (As provided above, the first offense for an associate within his/her introductory period is immediate discharge.
2. The failure or refusal to complete the necessary paperwork to submit to a drug test or to undergo treatment pursuant to the requirements of this policy will be grounds for immediate termination of employment.
3. All performance shortcomings prohibited conduct, and attendance problems will result in discipline pursuant to the company's normal policies independently of any drug or alcohol implications or causes.

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Signature

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Date

## PRE-EMPLOYMENT REFERENCE CHECK VIA PHONE

Applicant's Name: \_\_\_\_\_

Applying for: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

☐ Personnel Department

☐ Ex-Supervisor

☐ Other

Comments: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applying for: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

☐ Personnel Department

☐ Ex-Supervisor

☐ Other

Comments: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employment Date: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

\_\_\_\_\_

References Checked by \_\_\_\_\_ Date \_\_\_\_\_

Checker's Comments \_\_\_\_\_

## Orientation For Staff or Volunteers

### Check List

Name of Volunteer or Staff Person \_\_\_\_\_

1. Criminal History Check from the State Police for anyone over 18 years of age.  
Date sent: \_\_\_\_\_ Date Complete: \_\_\_\_\_ Start Date: \_\_\_\_\_
2. Training before or within the first week of employment or volunteer work by the licensed provider on fire prevention and the safety procedures: Date: \_\_\_\_\_
3. Drug Screen prior to employment or within ten days after employment.

Please initial:

- \_\_\_\_\_ Show and explain evacuation plan.
- \_\_\_\_\_ Show location of all smoke alarms and how they are tested during drills.
- \_\_\_\_\_ Show location of gas, electric and water shut-off and how they work.
- \_\_\_\_\_ Show location of emergency phone numbers.
- \_\_\_\_\_ Show location of all fire extinguishers and how to use them.
- \_\_\_\_\_ Show the hand washing video or demonstration.
- \_\_\_\_\_ Show the time clock and how to use it.

5. Training before or within the first month of employment or volunteer work on the following:

- \_\_\_\_\_ Review the inspection checklist.
- \_\_\_\_\_ Review procedures about confidentiality statements of personal information about children in their care and their families.
- \_\_\_\_\_ Procedures for preventing and detecting child abuse and neglect.
- \_\_\_\_\_ Universal Precautions training.

6. First Aid training before or within ninety (90) days of starting employment or volunteer work. Date of First Aid \_\_\_\_\_

7. Training in Pediatric Cardiopulmonary Resuscitation (CPR) **MUST BE COMPLETED BEFORE staff volunteer is allowed to be alone with children.**

## **Job Description**

I, \_\_\_\_\_ acknowledge that I have received a copy of my **(job description.)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **Employee Handbook**

I, \_\_\_\_\_ acknowledge that I have received a copy of **(Halo Childcare & Preschool Employee Handbook.)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## APPLICANT RATING FORM

Applicant's Name \_\_\_\_\_  
 Position & Department \_\_\_\_\_  
 Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

### **Critical Job Requirements**

Ability to plan Written lesson plans	Strongly disagree	Disagree	Strongly agree	Agree
Ability to prepare Educational materials	Strongly disagree	Disagree	Strongly agree	Agree
Ability to use equipment And supplies conscientiously	Strongly disagree	Disagree	Strongly agree	Agree
Ability to serve as a resource person	Strongly disagree	Disagree	Strongly agree	Agree
Ability to relate to parents	Strongly disagree	Disagree	Strongly agree	Agree
Ability to participate and Supervise free play	Strongly disagree	Disagree	Strongly agree	Agree
Ability to supervise and Assist children with meals & cleanup	Strongly disagree	Disagree	Strongly agree	Agree
Exhibit leadership qualities	Strongly disagree	Disagree	Strongly agree	Agree
Ability to supervise children On field trips	Strongly disagree	Disagree	Strongly agree	Agree
Ability to keep accurate records	Strongly disagree	Disagree	Strongly agree	Agree
Knowledge	Strongly disagree	Disagree	Strongly agree	Agree
Experience	Strongly disagree	Disagree	Strongly agree	Agree
Skills	Strongly disagree	Disagree	Strongly agree	Agree

Strong Points \_\_\_\_\_  
 \_\_\_\_\_

Weak Areas \_\_\_\_\_  
 \_\_\_\_\_

Other \_\_\_\_\_  
 \_\_\_\_\_