



Wesley
Memorial
Church



Employment Application

Date application completed: _____

Hire Date: _____

Starting Wage: _____

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____ SSN#: _____

Are you eligible to work in the United States? YES NO

Have you been convicted of or pleaded no contest to a felony? YES NO

Have you previously applied for employment with the company? YES NO

If Yes, previous date you applied: _____

Have you ever been employed with this company? YES NO

If Yes, dates you were employed: _____

Position Applying for:

I have experience working with: PreK _____ 2/3 years _____ Toddlers _____ Infants _____

I am comfortable working with: PreK _____ 2/3 years _____ Toddlers _____ Infants _____

I am available to work Monday through Friday: 7am-3pm _____ 10am-6pm _____

Notes concerning availability: _____

Education History:

<i>Education</i>	<i>School Name</i>	<i>Course of Study</i>	<i>Date of Graduation</i>	<i># of years completed</i>	<i>Degree/Major:</i>
High School					
College					
Bus./Tech./Trade					

If you are currently furthering your education, please list below:

<i>Date started</i>	<i>School Name</i>	<i>Course of Study</i>	<i>Expected Graduation Date</i>	<i># of years completed</i>	<i>Degree/Major:</i>

Work History:

Please list the names of your present and/or previous employers in chronological order with the most recent first. You may include any verifiable work performed on a volunteer basis, internship, or military service.

1. Employer: _____ Type of Business: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of employment: _____ to _____

Job Title: _____ Duties: _____

Supervisor: _____ May we contact: YES NO

If NO, please explain: _____

Reason for leaving: _____

Office verified on _____ by _____

2. Employer: _____ Type of Business: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of employment: _____ to _____

Job Title: _____ Duties: _____

Supervisor: _____ May we contact: ___YES ___NO

If NO, please explain: _____

Reason for leaving: _____

Office verified on _____ by _____

3. Employer: _____ Type of Business: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of employment: _____ to _____

Job Title: _____ Duties: _____

Supervisor: _____ May we contact: ___YES ___NO

If NO, please explain: _____

Reason for leaving: _____

Office verified on _____ by _____

Have you ever been terminated or asked to resign from any job? ___YES ___NO

If Yes, Please explain:

References:

Please list the names of three, **non-relative**, references we may contact to attest to your ability to work with children. These three references will need to complete the Reference Questionnaire and return it to you or us.

1. First Name: _____ Last Name: _____

Company: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference questionnaire was sent to this person by ___ email or ___ paper copy on _____

Office contacted on _____ by _____

2. First Name: _____ Last Name: _____

Company: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference questionnaire was sent to this person by ___ email or ___ paper copy on _____

Office contacted on _____ by _____

3. First Name: _____ Last Name: _____

Company: _____

Phone: _____

Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference questionnaire was sent to this person by ___ email or ___ paper copy on _____

Office contacted on _____ by _____

Emergency Contacts:

We must have two emergency contacts on file

First Name: _____ Last Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Hours to be reached at work: _____

First Name: _____ Last Name: _____

Relation: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Hours to be reached at work: _____

Please list any medical or other important information:

Name of children that will or have attended Wesley K.I.D.S.:

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

****Incomplete applications will not be accepted -Please complete all fields****

Application Certification: (Please Initial below)

I understand that this company is a drug/alcohol-free workspace, and a tobacco free (including electronic cigarettes) environment. If I am offered a conditional offer of employment, I understand that if a pre-employment drug/alcohol screening is positive the employment offer may be withdrawn. I agree to work under the conditions required of a drug/alcohol/tobacco-free work environment. Initial: _____

If employed by the company, I understand and agree that the Company, to the extent permitted by law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. Initial: _____

I certify that all information presented on this application and any other documentation given to Wesley is accurate to the best of my knowledge. Initial: _____

I understand that, if hired, Wesley or I can terminate the employment relationship at any time for any reason, with or without cause of notice. Initial: _____

If hired, I agree to conform to the rules and regulations of the company, and I understand that the company has complete discretion to modify such rules and regulations at anytime. Initial: _____

Are you a member of Wesley Memorial? _____YES _____NO

Signature

Date

For questions of concerns please contact: Christine Bibee cbibee@wesleykids.org

After completing the application it can be returned through email, mail, or by dropping it off at the main office of Wesley Memorial UMC at 3405 Peerless Rd NW Cleveland, TN 37312

For more information on Wesley K.I.D.S, visit our website at: www.WesleyKIDS.org.