



Employment Application

Date application received: _____

Personal Information:

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

Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Preferred Method: Cell or Home

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 this 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:

Prefer: PreK _____ 3/4-year-old _____ 2/3-year-old _____ Toddler _____ Infant _____

Morning Teacher: _____ Hours: 7 am to 2 pm

Afternoon Teacher: _____ Hours: 11 pm to 6 pm

Substitute: _____ List Availability: _____

Education History:

If you are currently enrolled in classes, please attach your current class schedule.

| Education | School Name | Course of Study | Graduate | # of years completed | Degree/Major: |
|-------------|-------------|-----------------|---|----------------------|---------------|
| High School | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| College | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

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: _____

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: _____

Verified on: _____ by: _____

2. Employer: _____ Type of Business: _____

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: _____

Verified on: _____ by: _____

3. Employer: _____ Type of Business: _____

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: _____

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 as well and return it to Wesley KIDS before your application can be processed.

1. First Name: _____ Last Name: _____

Company: _____

Phone: _____ Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference Letter Received: _____ Verified on: _____ By: _____

2. First Name: _____ Last Name: _____

Company: _____

Phone: _____ Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference Letter Received: _____ Verified on: _____ By: _____

3. First Name: _____ Last Name: _____

Company: _____

Phone: _____ Email Address: _____

Work Relation: (supervisor, co-worker) _____

Hours to be reached at work: _____

Reference Letter Received: _____ Verified on: _____ By: _____

Emergency Contacts:

Two emergency contacts are required.

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: _____

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

Name: _____ DOB: _____ Year: _____

Name: _____ DOB: _____ Year: _____

Please list any other important information or scheduling hurdles that may be important:

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

Application Certification: (Please Initial below)

-I understand that this Wesley KIDS is a tobacco/drug/alcohol-free workspace and 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 tobacco/drug/alcohol-free work environment. **Initial:** _____

-I understand that Wesley KIDS has a policy concerning 2nd and 3rd hand smoke and, if hired, will abide by such policy if I live in or visit a household that partakes in smoking/vaping/or other such practices. **Initial:** _____

-If employed by Wesley KIDS, I understand and agree that, to the extent permitted by law, Wesley may exercise its right, without prior warning or notice, to conduct investigations of my personal property brought on site under reasonable suspicions. **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 or notice. **Initial:** _____

-If hired, I agree to conform to the rules and regulations of Wesley KIDS, and I understand that Wesley KIDS has complete discretion to modify such rules and regulations at any time. **Initial:** _____

Are you a member of Wesley Memorial Church? _____YES _____NO

Signature Date

For questions of concerns please contact the office at: office@wesleykids.org

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

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