

# Mount Tabor Afterschool Care Employment Application

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone #: \_(\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: \_(\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PERSONAL DATA

Have you ever worked for the Mount Tabor Afterschool Care Program either as an employee or a substitute? \_\_\_\_\_

If "yes," when? \_\_\_\_\_

Have you ever applied at Mount Tabor Afterschool Care Program? \_\_\_\_\_

If "yes," when? \_\_\_\_\_

Do you have relative(s) employed at Mount Tabor Afterschool Care Program or who is a member of its Board? \_\_\_\_\_

If "yes," please provide name of relative(s) and relationship: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or a sex related or a child abuse related offense? \_\_\_\_\_

## EDUCATION AND/OR TRAINING

	From/To	Major	Degree
High School	_____/_____ -		
Business or Technical	_____/_____ -	_____	_____
College or University	_____/_____ -	_____	_____
Graduate School	_____/_____ -	_____	_____

Additional Child Care/Other Courses: \_\_\_\_\_

\_\_\_\_\_

### Current Certifications:

Red Cross First Aid       Red Cross CPR       State of NC Teacher       Other: \_\_\_\_\_

Expires: \_\_\_\_\_      Expires: \_\_\_\_\_      Expires: \_\_\_\_\_      Expires: \_\_\_\_\_

**POSITION APPLYING FOR**

<b>Position</b>	<b>Salary Desired</b>	<b>Date Available</b>
<input type="checkbox"/> Teacher	_____	_____
<input type="checkbox"/> Floater	_____	_____
<input type="checkbox"/> Homework Monitor	_____	_____
<input type="checkbox"/> Specials Teacher	_____	_____
<input type="checkbox"/> Assistant Teacher	_____	_____
<input type="checkbox"/> Substitute	_____	_____

Have you held a position of this type in the past? \_\_\_\_\_ If "yes," please describe previous work experience (where, when, how applies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS EMPLOYMENT**

**Begin with current or last employment. Please complete even if you have submitted a resume.**

**Company Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Position Held:** \_\_\_\_\_ **Salary:** \_\_\_\_\_  
**Describe Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Position Held:** \_\_\_\_\_ **Salary:** \_\_\_\_\_  
**Describe Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Employed From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Position Held:** \_\_\_\_\_ **Salary:** \_\_\_\_\_  
**Describe Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

List three (3) references that can tell us about your relationships with children. References should not be related to you. Employment related to children should be listed under Previous Employment on the application form. Please include complete mailing address, contact phone number, and/or email address for each person listed.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Please use this space to share any other relevant information you would like for us to consider about you in relation to this position:

**Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, sex, age, national origin, ancestry, physical or mental disability, or veteran status.**

**Please read the following conditions of employment and certify by your signature that you have read and understand these conditions:**

Mount Tabor Afterschool Care Program personnel are employees at will without a fixed term of employment. Any of Mount Tabor Afterschool Care Program policies, procedures or benefits may be changed, interpreted, withdrawn or added at any time, as approved by the Mount Tabor Afterschool Care Program Board, without any prior notice.

By signing this application, I hereby authorize any education institution which I have attended to release transcript data or any former employer to release reference data to the Mount Tabor Afterschool Care Program Board personnel committee upon receipt of a signed copy of this document and release all such parties from any damage that may result from furnishing such information.

Each employee must have documentation showing his/her identity and authorization to work in the United States.

Employment at Mount Tabor Afterschool Care Program may be contingent upon the successful completion of a drug screening test. Successful completion of the test is no guarantee of employment.

Employment at Mount Tabor Afterschool Care Program may be contingent upon the successful completion of a National Criminal and Sex Offender Background Check. Successful completion of the check is no guarantee of employment.

This application and any material accompanying it shall become the sole property of the Mount Tabor Afterschool Care Program.

I understand that employment at this company is "at will," which means that either I or the Afterschool Care Program can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

Finally, my signature certifies that the statements made on this application are correct and complete. I understand that any misleading or incorrect statements or omissions may render it void and if I am employed, be cause for immediate dismissal.

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(Signature of Applicant)

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(Date)

***Note:*** *This application will remain active for a period of six (6) months. If you wish to be considered for employment after this period, it will be necessary for you to re-apply*