

Bethany Learning Center

A child's place working at a child's pace

EMPLOYMENT APPLICATION

Please indicate the position(s) you are applying for:

___ Lead Teacher ___ Teacher Asst. ___ Early Morning ___ Afternoon ___ Other

Mr./Mrs./Miss _____ Date _____

Address _____ City _____ Zip _____

Number of Years At This Address _____ Date of Birth _____

Home Phone _____ Work Phone _____ E-mail _____

Social Security No. _____ Driver's Lic. No. And State _____

Emergency Contact _____ Relationship _____ Phone _____

Church Affiliation _____

PREVIOUS ADDRESSES

If you lived at your current address for less than 5 years, provide information on all addresses during that period of time.

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

Address _____

City _____ State _____ Zip _____

EDUCATION EXPERIENCE

Name of High School _____ How long? _____

Graduate? Yes/No Year _____ Career Goals _____

Junior College or University _____

How long? _____ Graduate? Yes/No Year _____ Major _____

EMPLOYMENT EXPERIENCE

Employer _____ Phone _____

Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Date of employment _____ to _____

Your Job Title _____

Description of responsibilities _____

Beginning Rate of Pay _____ Ending Rate of Pay _____

Employer _____ Phone _____

Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Date of employment _____ to _____

Your Job Title _____

Description of responsibilities _____

Beginning Rate of Pay _____ Ending Rate of Pay _____

Employer _____ Phone _____

Address _____

City _____ State _____ Zip _____

Supervisor's Name _____ Date of employment _____ to _____

Your Job Title _____

Description of responsibilities _____

Beginning Rate of Pay _____ Ending Rate of Pay _____

VOLUNTEER EXPERIENCE

Please describe your previous and current volunteer experience in dealing with young children.

Organization _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Your Position _____

Organization _____ Phone _____

Address _____ City _____ State _____ Zip _____

Supervisor's Name _____ Your Position _____

REFERENCES

List four people you have known for one year who are not related to you, and have a definite knowledge of your character and qualifications to work with young children.

Friend/Neighbor

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Nature of Association _____ Length of Time Known _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Nature of Association _____ Length of Time Known _____

Employer/Employee

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Nature of Association _____ Length of Time Known _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Nature of Association _____ Length of Time Known _____

TELL US MORE ABOUT YOURSELF

The following questions may seem very personal. However, in our effort to be responsible and accountable, it is necessary to ask these questions.

What school, community and/or church activities have you been involved in which has given you experience to work with children? Explain in detail.

How would you define Christian Education? _____

How would you describe your classroom management style? _____

What are the two most important things you would want a child to come away with after being in your class?

How would you incorporate a developmental approach to learning into your lesson plan? _____

Give examples of a thematic unit you would provide? _____

Describe the working relationship you would choose to establish with other BLC teachers? _____

Indicate any areas of expertise such as Art, Creative Movement, Drama, Sign Language, etc. _____

Please list any valid certificates you have such as CPR/First Aid, Lifeguard, DPS Fingerprint Card, etc.

Please describe when and how you came to know Jesus Christ as your personal Savior?

What does the term believer mean to you? How does it relate to your life?

BACKGROUND INFORMATION

Are there any physical limitations that may impair your ability to serve in any area of working with children?
If yes, please explain below. Yes No

Have you ever been treated for a mental condition? If yes, please explain below.
 Yes No

Have you ever been convicted of any offense against the law? (You may omit minor traffic violations.)
If yes, please explain below. Yes No

Have you ever been accused, charged, or alleged to have committed any act of neglecting, abusing, or molesting any child? If yes, please explain below. Yes No

Have you ever been concerned that you may have an addiction to drugs, alcohol, pornography, or any other addiction; or has anyone suggested that you may have a problem with any of the above? If yes, please explain below.
 Yes No

Have you ever been dismissed or asked to resign a position. If yes, please explain below.

Additional comments:

Authorization

I give authorization to Bethany Learning Center to verify the information in this application. Bethany Learning Center may contact my references and the appropriate government agencies.

Signature _____ Date _____

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