



WHERE LEARNING IS CHILD'S PLAY



**First United Methodist Preschool**  
PO Box 95  
Smithville, TN 37166  
(615) 597-6639

## EMPLOYMENT APPLICATION

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

Last

First

Middle

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Number \_\_\_\_\_

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

Facebook Member: \_\_\_\_\_ Yes \_\_\_\_\_ No Username: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Date you are available to start: \_\_\_\_\_

### Qualifications:

Academic achievements: (Schools attended, degrees earned, dates of completion.)

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Continuing education completed: (Courses taken, dates of completion.)

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Professional organizations: (List any in which you have membership.)

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First aid training? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date completed \_\_\_\_\_

CPR training? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date completed \_\_\_\_\_

**Previous Work Experience:**

Please list your previous employers from the past five years. Include the job title, a description of position duties and responsibilities, the name of the company/employer, the address of the company/employer, the name of your immediate supervisor, and the dates you were employed in each position.

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**Previous Volunteer Experience:**

Please list any relevant volunteer positions you have held, the duties you performed in each position, the name of your supervisor, the name, address and phone number of the volunteer organization, and the dates of your volunteer service.

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**Are you an active member of a church?** \_\_\_\_\_Yes \_\_\_\_\_No

**Where:** \_\_\_\_\_

Have you ever been convicted of or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, or other crimes of violence, theft, or motor vehicle violations.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References:

Please list three individuals who are not related to you by blood or marriage as references. Please list people who have known you for at least three years.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known the reference: \_\_\_\_\_  
Relationship to the reference: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known the reference: \_\_\_\_\_  
Relationship to the reference: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Length of time you have known the reference: \_\_\_\_\_  
Relationship to the reference: \_\_\_\_\_

**Waiver and Consent:**

I, \_\_\_\_\_, hereby certify that the information I have provided on this application for employment is true and correct. I authorize the First United Methodist Preschool to verify the information I have provided on this application by contacting the references and employers I have listed, by conducting a criminal records check, or by other means, including contacting others whom I have not listed. I authorize the references and employers listed in this application to give you whatever information they may have regarding my character and fitness for the job for which I have applied. Furthermore, I waive any rights I may have to confidentiality.

In the event that my application is accepted and I become employed by the First United Methodist Preschool, I agree to abide by and be bound by the policies of the First United Methodist Preschool and to refrain from inappropriate conduct in the performance of my duties on behalf of the First United Methodist Preschool.

I have read this waiver and the entire application, and I am fully aware of its contents. I sign this consent freely and under no duress or coercion.

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Signature of Applicant

Date

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Witness

Date





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## First United Methodist Pre-School

PO Box 95  
Smithville, TN 37166  
(615) 597-6639

### AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS

I, \_\_\_\_\_, hereby authorize the First United Methodist Pre-School to request the Smithville, Tennessee police and sheriff departments to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is local, state or national, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police and sheriff departments from all liability that may result from any such disclosure made in response to this request.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Print applicant's full name: \_\_\_\_\_

Print all other names that have been used by applicant (if any):  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Social Security number (if required by sheriff's department): \_\_\_\_\_

Driver's license number: \_\_\_\_\_

State issuing license: \_\_\_\_\_

License expiration date: \_\_\_\_\_

Request sent to: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_