

## GRACE COMMUNITY CHURCH & GRACE ACADEMY WORKER APPLICATION

This application is to be completed and signed by all applicants for any position involving the supervision or custody of minors, and working with children or youth. This application is being used to assist in providing a safe and secure environment for the programs of this facility. All applications must be physically turned in. Online submissions will not be considered.

### APPLICANT INFORMATION

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

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years or older? \_\_\_YES \_\_\_ NO

Position Applied for: \_\_\_\_\_ Desired Salary :\$ \_\_\_\_\_

Present Employer: \_\_\_\_\_

May we contact your present Employer? \_\_\_YES \_\_\_ NO Work Phone:  
(\_\_\_\_) \_\_\_\_\_

Are you a citizen of the US? \_\_\_YES \_\_\_ NO

If no, are you authorized to work in the US? \_\_\_YES \_\_\_ NO

Have you ever worked for this company? \_\_\_YES \_\_\_ NO If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_YES \_\_\_ NO

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of child abuse or a crime involving actual or attempted sexual molestation of a minor? \_\_\_YES \_\_\_ NO If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you used illegal drugs in the last five (5) years? \_\_\_YES \_\_\_ NO

Do you agree to abide by the NO SMOKING policy which prohibits any smoking on the premise or otherwise during work hours? \_\_\_YES \_\_\_ NO

List any training, education, and experiences etc. that have prepared you for this type of work:

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What age group do you desire to work with? \_\_Infants \_\_Toddler \_\_2s \_\_3s \_\_4s \_\_5s

Based on accommodations available for the handicapped, do you have any physical handicap or condition preventing you from performing certain types of activities related to handicapped children or youth? \_\_\_YES \_\_\_ NO

If yes, please explain:

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**AVAILABILITY**

Total hours available per week: \_\_\_\_\_

Hours Available:

	M	T	W	T	F	S	S
FROM							
TO							

**EDUCATION** (Documentation may be Required)

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_YES \_\_\_ NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_YES \_\_\_ NO Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? \_\_\_YES \_\_\_ NO Degree: \_\_\_\_\_

If you do not have a degree, list the courses and semester hours completed in Elementary Education, Early Childhood Education, Child Development, Special Education, or the Human Services field:

\_\_\_\_\_  
 Certification: Type/Field: \_\_\_\_\_ Issued By: \_\_\_\_\_ Date: \_\_\_\_\_

First Aid Training: Date Received: \_\_\_\_\_ Issuing Agency: \_\_\_\_\_

**REFERENCES**

Professional references: (Do not list relatives)				
Name	Address	Phone	Title	Years Known
		( )		
		( )		
		( )		

List the names and addresses of the churches you have attended regularly during the past five (5) years:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pastoral References: (Senior Pastor, Associate Pastor, Ministerial Supervisor)

Name	Address	Phone	Title	Years Known
		( )		
		( )		

**STAFF HEALTH APPRASIAL**

This section is to be completed by the employee.

Indicate all health conditions you have been diagnosed with and/or are currently receiving any type of treatment for.

- Vision
- Hearing
- Blood Pressure
- Neuro Musculoskeletal System
- Respiratory System
- Skin
- Dependency
- Epilepsy
- Diabetes
- Cardiovascular
- Thyroid
- Endocrine

Known Allergies: \_\_\_\_\_

**EMERGENCY CONTACT PERSON**

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

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT HISTORY**

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1.) Company: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2.) Company: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3.) Company: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Position: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates worked: From: \_\_\_\_\_ To: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**APPLICANT DISCLOSURE STATEMENT**

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse as defined by Child Protective Services Law within the preceding five (5) years. I understand that I must be dismissed if I have been named as a perpetrator of a founded crime, report of child abuse in the past or have been convicted of a crime.

I swear/affirm that I have not been convicted of a crime.

I understand as a provisionally hired employee I must work within the oversight of an existing employee.

I understand that the information set forth in this document is true and correct. I understand that the penalty for false swearing, or making false statements, is an issue for immediate dismissal.

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

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

**APPLICANT'S STATEMENT**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in the application to give you any information they may have regarding my character and fitness for children/youth work. I further authorize Grace Academy to utilize the information contained in this application to conduct a reasonable investigation of my background, suitability and fitness for children/youth work at Grace Academy.

I hereby release the references provided herein and Grace Academy from liability for any damage that may result from furnishing such evaluations to Grace Academy and I waive the right that I have to inspect the references I provided on your behalf.

Should my application be accepted, I agree to be bound by the Statement of Faith, Code of Discipline, religious tenents, Constitution, By-Laws, and all written policy and procedures of Grace Academy and Grace Community Church, and to refrain from all unscriptural conduct in the performance of my services to or for the benefit of Grace Community and Grace Academy.

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

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