Discover Zone

A.K.A Christian Care Center

A Ministry of Florence Christian Church 300 Main Street Florence, Kentucky 41042 (859) 647-5005

APPLICATION FOR EMPLOYMENT

NAME:			
DATE:		 	
POSITIO	N APPLIED FOR		

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with this company. Keep this in mind as you complete it. **Special Note:** You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. You may request assistance to complete this application. **Please fill out each section completely.**

PERSONAL							
Name:					Teleph	one Number:	
Firs	st	MI	Last				
Address:	Box and	1 Ctuant			City	Cto	to Zin Code
Previous Address:					City		te Zip Code er the age of 18?yes
Are you legally entitle	ad to work in	the United St	tatas 2**	NOS		Are you ove	the age of 18:yes
			n yes				
EDUCATION							
High School:		Name				Address	
Did you graduate? _ College:		st grade comp					
College:	Name			Address			
College:							
College:	Name			Address			
Did you graduate? _	If no, no	umber of hours	completed	Gra	ade Point	AverageDeg	gree
							graduation:
Other Education:							
EXPERIENCE							
List below all pres 1. Employer						Starting Salary	per hour or week
List below all pres 1. Employer Address						Starting Salary Last Salary	per hour or week
List below all pres 1. Employer Address Kind of Business						Starting Salary Last Salary Supervisor	per hour or week
List below all pres 1. Employer Address Kind of Business Job Title						Starting Salary Last Salary Supervisor Reason for leaving	per hour or week
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Type of employment sou			nart time te	mnorary case	onal as needed
Salary expected:				inporaryseaso	onaras needed
					to
Indicate hours you are a	vailable to work or	the following days	s (or check Anyti	me if you have no	restrictions):
Monday	Tuesday				
·	·	Wednesday			
to	to	to	to	to	
	Anytime				
Will you need child can					
Number of Children:	Names:				
	Ages:				
In the following space,	please describe w	hat skills or talen	ts you can conti	ibute to this prog	gram:
			 		
5 1 4 1 1 1		CONDI	TIONS OF EM	PLOYMENT	
Read carefully and sig		note on the basis	of roop color r	ligion cov notic	nal origin, citizenship, age marital status, or
disability.	does not discinin	mate on the basis (or race, color, re	ingion, sex, nauo	nai origin, citizensiip, age maritai status, or
	ated on this applica	tion are true and co	orrect. I understa	nd that, if employe	red, false statements on this application may
cause my immediate dis	missal.				•
					e information I have supplied is true and accurate
and to determine my fits					L
	nat I may be require				resentative is intended to create or does create a
					appany, employment is on an at will basis. This
					vance notice, in accordance with State Law and
					n free to terminate my employment with the
					written agreement signed by an authorized
representative of the cor complete discretion to n					npany and I understand that the company has
					ay check any monies owed to them by me.
DATE		SIGNATUR	E		
		 UTHORIZATIO			
I am being considered for					ild Care Programs. I authorize their
					and the Cabinet for Families and Children. In
					nission for a background check to be completed
from the state(s) I reside	ed in prior to Kentu	cky.			
FOR THIS TYPE OF EMPLOYMENT.	EMPLOYMENT	, STATE LAW R	EQUIRES A C	RIMINAL REC	ORD CHECK AS A CONDITION OF
My signature helow is	s a request to any lo	ocal, state, or federa	l law enforcemen	nt agency to releas	se whatever information is requested by the
					any crimes against children I have not had
	any ongoing subst				not a registered sex offender, nor have I any
·		SICI	NATURE		
DAT		510			

AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECKPlease list below two business references who can attest to your skills, knowledge and experience, that will contribute to your success in the position for which you are applying.

NAME	NAME
ADDRESS	ADDRESS
TELEPHONE ()_	TELEPHONE ()
OCCUPATION	OCCUPATION