**Application for Employment**

**PO Box 955 Avon, CO 81620 P: 970-949-6585 F: 970-949-6535**

It is our intention that all qualified candidates will be given due consideration.  The Vail Child Development Center, (TVCDC) does not discriminate on the basis of race, color, national origin, sex, age, and/or disability.  This is an application for a Christian faith-based Child Development Center, as such, employee consideration is based on early childhood education competency as well as employee alignment with the organization’s beliefs and mission.

**PLEASE PRINT LEGIBLY IN INK AND COMPLETE APPLICATION IN ITS ENTIRETY. No action will be taken on this application until all questions have been answered.** Please include with your application any additional information or documentation that you feel is relevant (resume, additional experience or education history, certifications, etc.)

Date Position(s) Applied for (1) \_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Social Security No. \_\_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_

Last First MI

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

P.O. Box No. or Street City State Zip

Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other names you have used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about openings at TVCDC? ❑ TVCDC Employee (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Internet site \_\_\_\_\_\_\_\_\_\_\_\_ ❑ Advertisement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If hired, can you furnish proof you are eligible to work in the United States? ❑ Yes ❑ No

If required, are you available to work: Overtime Weekends\_\_\_\_\_ Nights\_\_\_\_\_

Do you have any relatives employed by the TVCDC? ❑ Yes ❑ No If yes, name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you 18 years of age or older? ❑ Yes ❑ No (If hired you may be required to submit proof of age.)

Have you ever been convicted of any law violation other than minor traffic offenses? ❑ Yes ❑ No If **yes**, please give details including dates, conviction, and location of court: (Include any guilty plea/no contest and alcohol or drug related offense. A "Yes" does not automatically disqualify you from employment.)

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Give three references, not relatives or former employers. Include Name/Address/Phone #s.

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2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list all specific skills or additional training you have that are related to the job for which you are applying:

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| --- | --- | --- | --- |
| **EDUCATION** | Name and location  (location must include city and state) | # of Yrs attended | Degree Type and Field of Study |
| High School/GED |  |  |  |
| College/University |  |  |  |
| Technical/Other |  |  |  |

Have you ever been fired from a job or asked to resign? ❑ Yes ❑ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** List names of all employers in consecutive order with present/most recent employer first. Account for all periods of time including military service and any periods of unemployment for the last **10 years**. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

|  |  |  |
| --- | --- | --- |
| Name & Address of Employer | | Job Title |
| Duties |
| Supervisor | Telephone |
|
| Dates of Employment (mo/yr)  Start End | Pay:  Start $ Final $ | Reason for Leaving/Seeking other employment |
| Name & Address of Employer | | Job Title |
| Duties |
| Supervisor | Telephone |
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| Dates of Employment (mo/yr)  Start End | Pay:  Start $ Final $ | Reason for Leaving/Seeking other employment |
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| Name & Address of Employer | | Job Title |
| Duties |
| Supervisor | Telephone |
|
| Dates of Employment (mo/yr)  Start End | Pay:  Start $ Final $ | Reason for Leaving/Seeking other employment |

If you need room for additional employers to account for the last 10 years, please continue history on the application supplement.

**DRIVERS LICENSE #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State: \_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_**

1. Has your driver's license ever been revoked, suspended, or denied? ❑ Yes ❑ No If yes, provide details.
2. Have you had any moving violation convictions in the last two years? ❑ Yes ❑ No If yes, provide details.

Driving information will be evaluated to confirm eligibility to drive a vehicle. Please include date, location, and offense.

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**ADDITIONAL INFORMATION NECESSARY FOR APPLICATION**

Please describe your spiritual faith context including your thoughts around working in a Christian ministry environment.

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**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of criminal history and any or all statements contained in this application and also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I hereby consent to a pre or post employment drug and/or alcohol screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE SENIOR PASTOR, EXECUTIVE DIRECTOR, OR CENTER DIRECTOR HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE SENIOR PASTOR, EXECUTIVE DIRECTOR, OR CENTER DIRECTOR AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements and the attached TVCDC’s statement of religious beliefs.

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

(Applications without signature will be automatically rejected.)