



St. Michael's Church Nursery Staff and Toddler Time Staff Application

Check desired ministry area: Nursery Staff Toddler Time

Basic Information

Name _____
FIRST MI LAST

Address _____
STREET ADDRESS CITY STATE ZIP

Phone Numbers _____
HOME WORK CELL PAGER/BEEPER

Email _____ Social Security Number _____

Employment History

If you have been employed at this position for less than two years, provide information on each job during that period.

Present Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Position(s) held _____ Full-time Part-time

Employment dates: Starting _____ Ending _____

Previous Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Position(s) held _____ Full-time Part-time

Employment dates: Starting _____ Ending _____

Previous Employer _____ Supervisor _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Position(s) held _____ Full-time Part-time

Employment dates: Starting _____ Ending _____

Education

High School _____ City _____ State _____ Grad year _____

College/tech school _____ City _____ State _____ Grad year _____

Degree and major _____ Minor _____

Other education, training and licenses _____

Are you CPR certified or do you have any medical training? _____

References

Please provide three character references (other than family members) who can identify your strengths and weaknesses and describe your background.

1. _____
Name Address Home/Work Phone Relationship

2. _____
Name Address Home/Work Phone Relationship

3. _____
Name Address Home/Work Phone Relationship

Self-Description

Please circle the words that best describe you, and ~~cross out~~ words that least describe you.

trustworthy dependable active compassionate reliable self-starter punctual
flexible laid-back quick thinker spontaneous decisive teachable team player
humorous thoughtful solitary leader cautious risk taker patient reflective
honest organized creative disciplined faithful

Please list any personal weaknesses, areas where you need to grow or special concerns that could affect your working with this ministry. _____

Background / Medical Information

Do you perceive being unable to perform any of the central functions of this position? (i.e. lifting a child, changing a diaper)

Yes No

Have you ever been convicted of a crime?

Yes No

Have you ever been asked to step away from work with children in any setting, paid or volunteer?

Yes No

Is there anything in your past or current life that might be a problem if we found out about it later?

Yes No

If the answer to any of the Background / Medical Information questions is yes, please attach another page and write a full explanation. These will be discussed confidentially during your interview.

I have read the church's statement of faith and job descriptions and agree to attend the Diocesan workshop on child sexual abuse and agree to be bound by these documents.

Yes No
Initial here: _____

I have already attended the Diocesan workshop on child sexual abuse. Initial here: _____

Describe your experience with children (paid or volunteer).

Why do you want to work in the St. Michael's Nursery or in the Toddler Time program?

Waiver/Release

I, the undersigned, give my authorization to St. Michael's Church representatives—hereafter referred to as The Church—to verify the information on this form. The Church may contact my references and appropriate government agencies as deemed necessary in order to verify my suitability as Church Nursery staff and/or Toddler Time program staff. I am willing to request and submit to The Church background reports on myself from the (state) Department of Social Services central registry.

The information contained in this application is correct to the best of my knowledge. I authorize any references or employers listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for working with children. In consideration of the receipt and evaluation of this application by The Church, I hereby release any individual, church, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind or nature that may at any time result to me, my heirs, or family, because of compliance or any attempts to comply, with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

Should my application be accepted, I agree to be bound by the constitution, statement of faith and policies of The Church, and to refrain from conduct unbecoming to Christ in the performance of my services on behalf of The Church. If I violate these guidelines, I understand that my employee status may be terminated. By signing this application, I state that all of the information given about myself is true.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN ACT.** This is a legally binding agreement which I have read and understand.

Print Name

Signature

Witness

Date

NOTIFICATION/RELEASE OF INFORMATION FORM

The purpose of this form is to notify you that a consumer report will be conducted on you in the course of consideration for employment with:

(COMPANY NAME)

Last Name: _____ First: _____ Middle _____

Social Security: _____ DOB: _____ AGE: _____

Driver License#: _____ State of Issue: _____

Current Address: _____

City: _____ State: _____ Zip: _____

In connection with this request I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history to the person or company with which this form has been filed, or their agents. This releases the aforesaid parties from any liability and responsibility for the collection of the above information.

APPLICANT'S SIGNATURE: _____

DATE: _____