



Cornerstone Daycare Learning Center

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Position Desired: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

High School _____

From: _____ To: _____ Did you graduate? YES NO Diploma GED

College: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title : _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title : _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title : _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

It is important that each item on this application is correctly and completely answered. False information , misrepresentation or omission of fact, with respect to any part of or item on this application, may cause rejection, or dismissal if employed.

While processing my application, I authorize Cornerstone Daycare and it's agents to contact schools, employers, references, and organizations to conduct a background investigation. I further authorize such persons to provide Cornerstone with all relevant information necessary to process my application.

By signing this application, I affirm that all statements made are true. I also consent to a controlled substance screening test and give my consent for all information obtained as a result of any medical examination and all other relevant medical information to be released to Cornerstone Daycare Learning Center for the employer's use only.

Signature: _____ Date: _____

Please Describe your relationship with Christ:

Describe your ultimate goal in life:

What is your philosophy on discipline and why is it important in a Christian school?

What is the teacher's role, especially in a Christian school?

Do you have experiences working in a Christian environment?

Why would you like to work in a Christian school?

Church currently attended: _____ Pastor: _____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Cornerstone Daycare Learning Center Reference Request Form

To: _____ Date: _____

_____ has applied for employment as _____.

The following information would be appreciated and will be held in strict confidence.
Please return the completed form in the enclosed self-addressed stamped envelope as soon as possible. Thank you for your input.

Employed as : _____ From : _____ To: _____

	Above average	Average	Below average
Ability to work with children	_____	_____	_____
Initiative	_____	_____	_____
Attendance	_____	_____	_____
Dependability	_____	_____	_____
Ability to learn	_____	_____	_____
Attitude toward work	_____	_____	_____
Attitude toward co-workers	_____	_____	_____

Would you recommend applicant for this position? _____ yes _____ no

If not, why? _____

Do you have any additional comments for us to consider?

Signature: _____ Title: _____

Signature of applicant to release information: _____

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