

STAFF APPLICATION
Trinity Learning Center Inc.
46448 263rd St. Hartford, SD 57033
(605) 526-4021
director@hartfordtlc.org

General Information

Name _____ Date _____

Address _____ City/State/Zip _____

Social Security # _____ Phone Number/Email _____

In Case of Emergency, Please Notify _____

Relationship _____ Phone Number _____

Are you presently employed? (YES) (NO) May we contact your current employer? (YES) (NO)

Do you drive? (YES) (NO) Do you have a valid driver's license? (YES) (NO)

Are you 18 years of age or older? (YES) (NO) Date available to start _____ Desired pay _____

What days/hours are you available to work? _____

Education

Name and location of high school attended _____

Did you graduate? (YES) (NO)

Names of universities, colleges, business school	Location	Major/Specialization	Level or Degree	Dates Attended
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any additional experience, training, schooling, or special qualifications _____

In caring for children, we believe it is our responsibility to seek staff members who are able to provide loving, safe and healthy relationships.

Have you ever received any kind of traffic ticket? (YES) (NO)

Have you ever been convicted of any felony? (YES) (NO)

Have you ever been investigated in connection with a charge of child abuse or neglect? (YES) (NO)

Have you ever been convicted of a crime involving either violence to persons or breach of moral conduct (i.e. rape, sexual molestation, incest, narcotics, etc.)? (YES) (NO)

Is there anything that would affect your work with children? (YES) (NO)

If you answered **YES** to any of the previous statements, please explain:

If you have been a student or adult leader in children's/students' ministry before, describe your responsibilities/tasks.

What talents or abilities do you possess that you would be willing to share with us as a part of our program?

What are your expectations of our early childhood program and staff? _____

Previous Employment

Name and Address of Employer	Dates Employed	Supervisor and Phone Number	Job Titles Duties	Reasons for Leaving

References

Please provide the names of **three** persons not related to you, who can serve as character references. Please do not repeat names of supervisors furnished in employment record.

Name Relationship Years Known Phone Number/Email

Additional comments:

I affirm that the information on this application form is true. The center may contact my references and appropriate government agencies as deemed necessary to verify my suitability.

Signed _____

Date _____