



**Early Learning Center**  
Columbia City United Methodist Church



## Columbia City UMC ELC Teacher Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birthdate \_\_\_\_\_

Are you legally authorized to work in the United States of America? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position for Which You Are Applying \_\_\_\_\_

Are you now under contract? \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

Why are you considering leaving your present position? \_\_\_\_\_

Do you have a teaching / paraeducator license? \_\_\_\_\_ Number and Expiration \_\_\_\_\_

Are you available full time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to consider less than full time? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EDUCATION RECORD** (High School, College, Trade, Business Correspondence School)

Name & Location of Institution	Year(s) Attended	Degree

## WORK EXPERIENCE

Please list your work experience beginning with your most recent job held.  
Additional information may be listed on the back of this page.

Business/ Company	Position	Supervisor	Years	Responsibilities

If you have experience or training with any of the following, indicate by checking:

\_\_\_\_\_ Working with Children

\_\_\_\_\_ Working with Children with Special Needs

\_\_\_\_\_ First Aid / CPR

\_\_\_\_\_ Foreign Language Spoken? \_\_\_\_\_

\_\_\_\_\_ Other Certifications: \_\_\_\_\_

What special abilities do you have that we should give attention when considering your application?

## REFERENCES

Please list the names of four persons who will serve as references and can be contacted.

Name & Title	Address	Home Phone #	Business Phone # or Cell Phone #

**PHYSICAL RECORD**

Do you have any physical limitations that might hinder you from performing any work for which you are being considered? \_\_\_\_\_

If so, what can be done to accommodate your limitation? \_\_\_\_\_

Please describe: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY:**

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

The Director of CCUMC ChildCare will be performing a criminal history/background check on successful applicants.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time. I may be terminated for reasons including, but not limited to, lack of work, improper conduct, and/or re-definition of work.

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

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**OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Hired:  Yes  No Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Salary / Wage: \_\_\_\_\_ Scheduled Hours: \_\_\_\_\_