

Immanuel Baptist Day School

EMPLOYMENT APPLICATION

Applications are received and employees are hired without regard to race, creed, color, sex, age, national origin, marital status, disability, veterans' status and citizenship status. The receipt of this application does not mean that job openings exist nor does it obligate us in any way. We appreciate your interest in our organization.

Date _____

GENERAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE NAME
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	CELL PHONE	
SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If not a citizen of the U.S., can you provide proof that you can legally be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No
What languages do you read, speak, or write fluently?		

EMPLOYMENT INFORMATION		
POSITION APPLYING FOR	DATE AVAILABLE FOR WORK	TYPE OF EMPLOYMENT <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
ANY HOURS AND DAYS YOU CANNOT WORK	WHAT AGE GROUP DO YOU PREFER TO WORK WITH: <input type="checkbox"/> Clerical/other <input type="checkbox"/> 2 year olds <input type="checkbox"/> 3 year olds <input type="checkbox"/> Pre K <input type="checkbox"/> School Age	
Have you ever been convicted of any crime other than a minor traffic violation in California or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, court and place where offense occurred and judgment.		
Does your employer know of your plans to change employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Why do you desire to make a change?		

EDUCATION INFORMATION			
Do you currently have a Certificate or Degree in Education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME OF COLLEGE/SCHOOL:	DEGREE RECEIVED	YEAR GRADUATED	
IF YOU DO NOT HAVE A CERTIFICATE OR DEGREE, PLEASE LIST ALL COURSES COMPLETED			
YEAR	SCHOOL	COURSE TITLE	UNITS

PLEASE LIST ADDITIONAL COURSES ON A SEPARATE SHEET OF PAPER.

EDUCATION INFORMATION (continued)

Are you currently enrolled in education courses? Yes No If yes, please list below.

SCHOOL	COURSE TITLE	UNITS

EDUCATION EMPLOYMENT EXPERIENCE

Please list employment you have had while working/teaching in Preschool/School-Age setting only.

SCHOOL/ADDRESS	PHONE	DATES EMPLOYED	POSITION	REASON FOR LEAVING

May we contact the employers listed? Yes No If no, please indicate by number which one(s) you do not wish us to contact.

OTHER EMPLOYMENT EXPERIENCE

COMPANY/ADDRESS	PHONE	DATES EMPLOYED	POSITION	REASON FOR LEAVING

May we contact the employers listed? Yes No If no, please indicate by number which one(s) you do not wish us to contact.

REFERENCES

Give references, especially pastors, administrators, or co-workers who have first hand knowledge of your qualifications. All references must have phone numbers. DO NOT include relatives.

NAME/ADDRESS	PHONE	YEARS KNOWN	RELATIONSHIP

CHRISTIAN BACKGROUND

Write a paragraph summarizing your salvation testimony when you accepted Christ as your personal Lord and Savior.

WHAT CHURCH OR FELLOWSHIP DO YOU ATTEND?

MINISTER'S NAME

MINISTRIES YOU ARE INVOLVED IN:

APPLICANT INFORMATION

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements or significant omission of fact on my application or during any phase of the hiring process shall be considered sufficient cause for dismissal.

I hereby authorize Immanuel Baptist Day School to inquire about my work and personal history and to verify all data given in my application for employment (except as noted in specific document sections), related papers, and my oral interviews. I authorize the release and giving of any information requested by Immanuel Baptist Day School and releases any person, organization, or company from liability or damage which may result from furnishing the information requested. I further waive the right to personally view any references given to Immanuel Baptist Day School.

Since I will be working with children, I understand that I must submit to a fingerprint check by the FBI and possible other federal and state authorities. I agree to fully cooperate in providing and recording my fingerprints as necessary for such an investigation. I authorize the school to conduct a criminal records check. I understand and agree that any offer of employment that I may receive from the school is conditioned upon the receipt of background information, including criminal background information. The school may refuse employment or terminate conditional employment if the school deems any background information unfavorable or to reflect adversely on the school or on me as a Christian role model.

I understand that this is only an application for employment and that no employment contract is being offered at this time.

I further certify that I have carefully read and do understand the above statement.

SIGNATURE OF APPLICANT

DATE

CRIMINAL RECORD STATEMENT

State law requires that persons associated with licensed facilities be fingerprinted and disclose any conviction. A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprints will be used to obtain a copy of any criminal history you may have.

Have you ever been convicted of a crime in California ? YES NO

You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.

Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.? YES NO

Criminal convictions from another State or Federal court are considered the same as criminal convictions in California.

If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.

You must disclose convictions, including reckless and drunk driving convictions even if:

1. It happened a long time ago;
2. It was only a misdemeanor;
3. You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
6. The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL, LICENSE APPLICATION DENIAL, LICENSE REVOCATION, OR EXCLUSION FROM A LICENSED FACILITY.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
FACILITY NAME Immanuel Day School		FACILITY NUMBER 364801544, 364803616, 364830517	
YOUR NAME (PRINT CLEARLY)	YOUR ADDRESS	CITY	ZIP
SOCIAL SECURITY NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE)	DATE OF BIRTH	DMV LICENSE NUMBER	
SIGNATURE		DATE	

I. Instructions to Respondents:

If you have been convicted of a crime in California, another state or in federal court, provide the following information:

(You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.)

What was the offense? _____

In which state and city did you commit the offense? _____

When did this occur? _____

Tell us what happened. (Use additional sheets of paper if needed) _____

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ **Date** _____

II. Instructions to Licensees:

If the person discloses a criminal conviction, review the person's statement and discuss it with your Licensing Program Analyst (LPA). Maintain this form in your facility personnel file and send a copy to your LPA.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION
The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.