



# Employment Application

Insert Your picture here

Name: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Why are you interested in working with Olive & Ark? : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Job Experience:

How many years of childcare experience do you have?: \_\_\_\_\_

Which Days interest you? Tuesdays\_\_\_ Thursdays\_\_\_ Fridays\_\_\_

How long do you want to work in this position? 6 months 1 year 2 years 3 or more years

Please check where applicable what areas of preference are:

Toddler\_\_\_ Newborn\_\_\_ Nature Learning \_\_\_ Kids Music \_\_\_ Arts & Crafts\_\_\_ Reading/Storytime\_\_\_ Physical Activity \_\_\_

\*This job requires daily pick up & basic facility sanitation routines. Are you willing to learn & execute proper sanitation wipes after each scheduled work day?

What is your favorite age group? \_\_\_\_\_ Why? \_\_\_\_\_

Maximum number of children you will care for: \_\_\_\_\_ Would you care for twins? \_\_\_\_\_

Will you work with children that have disabilities? \_\_\_\_\_ What kinds? \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Olive & Ark is a God-Centered & Faith Based Company. Although we are not affiliated with any Church, we do use Church facilities to host Olive & Ark practices. Are you comfortable working on a Church campus? Yes \_\_\_\_\_. No \_\_\_\_\_

### Optional\*

Do you mind sharing your current relationship with Jesus Christ or your Religion?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Prior Employers, Most Recent First

Employer: \_\_\_\_\_  
last name

City: \_\_\_\_\_ State: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Date job started: \_\_\_\_\_ Job ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Likes & Dislikes: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
last name

City: \_\_\_\_\_ State: \_\_\_\_\_

How did you find this job? \_\_\_\_\_

Date job started: \_\_\_\_\_ Job ended: \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Likes & Dislikes: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

References:

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

NAME: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Please list all gaps in employment and explain them: \_\_\_\_\_

Have you held any jobs not listed above? Yes \_\_\_ No \_\_\_ If yes please explain: \_\_\_\_\_

**Criminal Record**

We order criminal reports, please be accurate

Have you ever been convicted of a crime? Y N If yes describe it: \_\_\_\_\_

Have you ever been had felony charges ? Y N If yes describe it: \_\_\_\_\_

Do you currently have any charges or violations? Y N If yes describe it: \_\_\_\_\_

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### Medical Information

In order to assure safe child care we must know about medical and psychiatric conditions that could affect your ability to perform the job.

1) Are you presently suffering from any communicable disease(s) that could be transmitted to a child you are caring for?

NO YES If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

2) Are you presently taking any medication(s), prescribed or not, which affects your judgment, coordination, levels of alertness and ability to respond in an emergency? NO YES If, yes please identify the medication, the frequency taken, and the effect of the medication(s) on your ability to perform the duties that you could be assigned: \_\_\_\_\_  
\_\_\_\_\_

3) Do you have any physical condition that might impair or prevent your ability to perform any reasonably required physical act normally required in the care of children? Do you have any mental condition that might impair or prevent your ability to protect a child from harm or that could impair your judgment? NO YES If yes please describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

High school diploma? Y / N      College Degree: \_\_\_\_\_

Special Certifications: \_\_\_\_\_

Child related courses taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your hobbies and interests? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other skills (dance, music, crafts, sports, etc.) that relate to children's activities:  
\_\_\_\_\_  
\_\_\_\_\_

Describe your future goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information contained herein is true and correct to the best of my knowledge.

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