

# CORNERSTONE UMC PRESCHOOL APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT  
QUESTIONNAIRE

AN EQUAL  
OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

NAME (LAST NAME FIRST)				SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT.	CITY	STATE	ZIP	
PERMANENT ADDRESS	APT.	CITY	STATE	ZIP	
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)	APT.	CITY	STATE	ZIP	
HOME PHONE NUMBER	CELL PHONE NUMBER		BIRTHDATE		
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			DRIVER'S LICENSE NUMBER		
EMAIL ADDRESS		EMERGENCY CONTACT NAME		PHONE	

## DESIRED EMPLOYMENT

POSITION	DATE YOU CAN BEGIN
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN:	
EVER APPLIED TO THIS SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	
EVER WORKED FOR THIS SCHOOL BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN AND IN WHAT CAPACITY? _____	
REASON FOR LEAVING	
NAME OF LAST SUPERVISOR AT THIS SCHOOL	
HOW DID YOU FIND OUT ABOUT AVAILABLE POSITIONS AT THIS SCHOOL?	

## EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				

## FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
SUPERVISOR'S NAME		TITLE	PHONE NUMBER	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
SUPERVISOR'S NAME		TITLE	PHONE NUMBER	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
SUPERVISOR'S NAME		TITLE	PHONE NUMBER	
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DESCRIPTION OF WORK				
REASON FOR LEAVING				

## REFERENCES

LIST FOUR PERSONAL REFERENCES WHOM WE MAY CONTACT

	<i>NAME</i>	<i>ADDRESS</i>	<i>BUSINESS</i>	<i>PHONE NUMBER</i>
1				
2				
3				
4				

REFERENCE CHECK (FOR OFFICE USE ONLY)

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY/NO CONTEST TO, OR HAD A SUSPENDED IMPOSITION OF SENTENCE FOR ANY OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION?)

\_\_\_Yes\_\_\_No

IF YES, PLEASE EXPLAIN

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 MAY BE GROUNDS FOR DISMISSAL.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_