



St Paul Preschool

4901 Gulf Breeze Parkway
Gulf Breeze, FL 32563

Heading 850-932-0692
850-932-2953 fax

Application for Employment

We are seeking professionally qualified applicants who love children and are willing to be a daily Christian role model.

We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a medical condition or handicap that would not interfere in working with children.

STATEMENT OF FAITH:

- We are dedicated to the belief that Jesus Christ is the Son of God and it is by His grace that we are saved. (Acts 8:37, Ephesians 2:8-9)
We believe that the Bible is the inspired Word of God. (2 Timothy 3:16, 2 Peter 1:21)
We believe that there is one God, existent in three persons. (Genesis 1:1, Matthew 28:19, John 10:30)
As Christians, it is our responsibility to "go into the world" with the good news. (Matthew 28:19)
We are dedicated to the admonition of Jesus to, "Let the little children come to me, and do not hinder them for such is the kingdom of heaven." (Matthew 19:14)

I fully support the Statement of Faith: \_\_\_\_\_

Place your message here. For maximum impact, use two or three sentences.

(Signature)

APPLICATION DATE: \_\_\_\_\_

A. APPLICANT'S NAME AND ADDRESS (Please Print)

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

Present Address: \_\_\_\_\_
\_\_\_\_\_

Contact Numbers: Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

B. POSITION DESIRED

Please indicate 1st, 2nd, and 3rd choice in the parenthesis.

- Lead Teacher ( ) 2 Year Old Room
Assistant Teacher ( ) 3 Year Old Room
Substitute ( ) 4 Year Old Room (VPK)
( ) Kindergarten

Date available to start: \_\_\_\_\_



**E. EMPLOYMENT**

Have you filled out an application with St. Paul Preschool Before? \_\_\_\_\_ If yes date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been employed with St. Paul Preschool Before? \_\_\_\_\_

If yes dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed? \_\_\_\_\_ May we contact your current employer? \_\_\_\_\_

If no, why: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please start with your current or most recent employer and work backwards for the past five years. If necessary, you may make copies of this page or following the same format, use the reverse side.

1) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Supervisors Name & Phone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever worked under a different name for any of the employers you have listed? If so, what was the name or names? \_\_\_\_\_

Have you already signed a contract for next year with any other institution? \_\_\_\_\_

Are you currently on "Lay Off" Status and subject to recall? \_\_\_\_\_

Have you been convicted of a felony within the last 7 Years? \_\_\_\_\_

\*Conviction will not necessarily disqualify an applicant from employment; however, be aware that background checks will be performed as required by law.

If yes, explain: \_\_\_\_\_

Have you received Workmen's Compensation or Disability Income Payments? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences:

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Describe any honors you have received: \_\_\_\_\_

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Indicate any foreign languages you can speak, read and/or write: \_\_\_\_\_

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List professional, trade, business, civic activities, offices held and or volunteer service, especially those pertaining to your ability to work with children:

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State any additional information you feel may be helpful to us in considering your application:

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## F. REFERENCES

Please list three references who are not related to you and are not previous employers. One reference should be a Christian friend.

1) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

3) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date.

I authorize St. Paul Preschool to investigate, without liability, all statements contained in this application and supporting materials.

I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment.

I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment.

I understand that staff employees of St. Paul Preschool serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations.

I understand that the first 90 DAYS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_

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