

HORIZON BAPTIST CHURCH & CHRISTIAN SCHOOL  
2172 LAWRENCEVILLE SUWANEE RD.  
SUWANEE, GA 30024  
770-962-1214 FAX 404-806-4860  
APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City/St \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_  
Position Desired \_\_\_\_\_

Do you feel comfortable teaching religious concepts in the classroom?  
\_\_\_ Yes \_\_\_ No If "No", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Church Affiliation \_\_\_\_\_

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If you are under age 18, can you submit a work permit if hired? \_\_\_ YES \_\_\_ NO

If you are not a U.S. citizen, do you have a VISA to work in the U.S.? \_\_\_ NO  
\_\_\_ YES - Visa Registration # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has bond or security clearance ever been denied and/or cancelled? \_\_\_ YES \_\_\_ NO  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_ YES \_\_\_ NO  
If yes, give license number and class of license: \_\_\_\_\_

Have you ever been shown by credible evidence, e.g., a court order or jury, a department's investigation or other reliable evidence to have abused, neglected, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct? \_\_\_ YES \_\_\_ NO

Do you have a criminal record? \_\_\_ YES \_\_\_ NO If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Under the American with Disabilities Act of 1991, this program is required to reasonably accommodate individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment testing, interviews, and actual employment, but only if the program supervisor is made aware that an accommodation is required. If you are disabled and require accommodation, you may request it at any time during the interview process. You are obligated to inform the program director of your needs if it will impact your ability to perform the job for which you are applying.

Having read the description for the position for which you are applying, are you in all respects, able to adequately perform the duties as described? \_\_\_ YES \_\_\_ NO  
If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you had CPR training within the past two years? \_\_\_ YES \_\_\_ NO  
If yes, expiration date: \_\_\_\_\_

Have you had first aid training within the past three years? \_\_\_ YES \_\_\_ NO  
If yes, expiration date: \_\_\_\_\_

Have you completed any childcare training courses? \_\_\_ YES \_\_\_ NO  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bright From the Start: Georgia Department of Early Care Learning requires annual child care training. Are you willing to participate? \_\_\_ YES \_\_\_ NO

EDUCATIONAL BACKGROUND

High School: \_\_\_\_\_

Graduated: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Graduated \_\_\_\_\_

GED Equivalency Exam: \_\_\_\_\_ Yes Date Completed: \_\_\_\_\_

Technical or Business School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Earned \_\_\_\_\_

College or University: \_\_\_\_\_

Major Course of Study: \_\_\_\_\_

Minor Course of Study: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Earned \_\_\_\_\_

Graduate School: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Degree Earned \_\_\_\_\_

Special Courses, Workshops, etc. (other than above) that are relevant:

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

Volunteer Experience (List any talents, skills or hobbies that you feel would enhance your teaching abilities): \_\_\_\_\_

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

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Employment History: Start with your PRESENT or MOST RECENT work experience and work back through the previous 10 years. Attach additional sheets if necessary.

1. Date Started: \_\_\_\_\_ Date Left \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Date Started: \_\_\_\_\_ Date Left \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Date Started: \_\_\_\_\_ Date Left \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company Phone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Job Title and Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact the employers listed above? \_\_\_ Yes \_\_\_ No

If "No" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List the names, addresses and phone numbers of three persons who are not related to you who can provide general information about you. Give one character, one educational and one work related reference.

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

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Write a short paragraph telling why you are interested in applying for this position, your understanding of the program, and what you think would be expected of you in this position.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am aware that a criminal history check is required for all applicants.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract for employment.

In the event of employment, I understand that false and misleading information given in my application or interview may result in termination. I understand also that I am required to abide by all rules and regulations of the program.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Applicant

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

A current background check run by a law enforcement agency for the purpose of working with children must accompany this application in order to be considered for employment.