



Application for Employment

I. Personal Information

Name: _____

Street Address: _____

City/State: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Email Address: _____

Social Security Number: _____ Date of Birth: _____

Emergency Contact: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

II. Employment Objective

What position(s) are you applying for at the MVP: _____

Availability (Days/Hours): _____

Why do you want to work at the MVP: _____

Describe your feelings about children: _____

III. General Information

Do you have current first aid and CPR training? Yes _____ No _____

Are you a Christian? Yes _____ No _____ Are you affiliated with a church? Yes _____ No _____

If yes, which one? _____

Are you a citizen of the US? Yes _____ No _____

What is the condition of your general health? _____

Describe any health condition that you have or have had which would limit your ability to safely perform the job for which you are applying (Example: back injury)

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____
If yes, please provide information about the offense, date and location.

Prospective employees are required to complete and pay for a tuberculosis skin test and DSS required background checks.

IV. Educational Background

1. High School: _____ Grade Completed: _____

City: _____ Diploma (Yes) _____ (No) _____

2. Undergraduate college attended: _____

City: _____ State _____ Zip Code _____

Years attended: _____ Degree: _____

3. Graduate college: _____

City: _____ State _____ Zip Code _____

Years attended: _____ Degree: _____

Please list any special skills, training, or knowledge you have for this position and any other achievements you would like considered:

V. Employment History

School/Company Name _____ Phone Number _____

Address _____

Position Held/Taught _____ Last Salary _____

Dates _____ Total Years _____ Full/Part Time _____

Describe duties, responsibilities and accomplishments: _____

V. Employment History (cont.)

School/Company Name _____ Phone Number _____

Address _____

Position Held/Taught _____ Last Salary _____

Dates _____ Total Years _____ Full/Part Time _____

Describe duties, responsibilities and accomplishments: _____

School/Company Name _____ Phone Number _____

Address _____

Position Held/Taught _____ Last Salary _____

Dates _____ Total Years _____ Full/Part Time _____

Describe duties, responsibilities and accomplishments: _____

Have you been discharged or requested to resign from a former position? Yes ____ No ____

If yes, please explain. _____

VI. References

Name: _____ Phone Number _____

Address: _____

How do you know this person? _____

Name: _____ Phone Number _____

Address: _____

How do you know this person? _____

Name: _____ Phone Number _____

Address: _____

How do you know this person? _____

References:

Please include at least 1 professional reference. Family members are not considered acceptable references.

Please have these three individuals complete the attached reference form and submit a written letter of recommendation to:

Preschool Director
Mount Vernon Preschool
11220 Nuckols Road
Glen Allen, Virginia 23059

The Mount Vernon Preschool is an Equal Opportunity Employer.

I certify, to the best of my knowledge and belief, that the statements given above truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted, or falsified any of the application information I will be disqualified for employment consideration or dismissed from employment with the Mount Vernon Preschool of Mount Vernon Baptist Church.

Signature _____ Date _____