Application for Employment

The Learning Place Preschool
First Presbyterian Church
204 E. Grundy St./ P.O. Box 847
Tullahoma, TN 37388
learningplace@lighttube.net (931) 455-1515 http://learningplacetullahoma.org/

Name_____Date_____

Last First MI

Address_____

Street City St Zip

Phone_____Cell_____

Email: _____

Position sought: Director_____Teacher_____Teacher Aide_____ Substitute_____

Church affiliation_____Active member_____

Do you have any physical condition that may restrict your performance of the job you are applying for?

_____

Education: High School Graduate? _____College Graduate_____

Institution Location Degree Major Date graduated

_____
_____
_____
_____

Licenses or certificates held:_____

Special skills, talents, or training which you may care to list such as:

CPR_____ Foreign language_____ 0thers_____

Work Experience:

Position Employer Address Dates Phone

_____
_____
_____
_____
_____

Volunteer or Unpaid Experience:

_____
_____
_____

References: see attached sheet

Certification of Application:

I have not been convicted of a misdemeanor or a felony in any state of the United States.

I have not been dismissed from any previous employment for improper or unprofessional conduct, inefficient service, and neglect of duty, incompetence, or insubordination.

My resignation from previous employment was, or will be submitted in writing at least ten (10) days prior to the beginning of employment or if within ten (10) days, the previous employer has waived its right to such notice.

I am a citizen of the United States, or have complied with the Immigration Reform and Control Act of 1986.

I don't have any contagious or communicable diseases which may endanger the health of school children. Furthermore, if asked, I will submit to examination by a physician upon an offer of employment and will be required to pay the cost incurred.

I understand the misrepresentation of any of the above statements may subject me to a fine, loss of opportunity for employment, and loss of position if employed.

Permission and authorization is hereby granted for a duty authorized representative to investigate, question, and obtain verbal and/or written records from references given, prior employers, or any other agency who may have knowledge of my qualifications and character; further, I waive all claims which may arise against The Learning Place/First Presbyterian Church for the release of reference information.

The accuracy of information submitted on this application may be verified by fingerprint and criminal history records check conducted by, the Tennessee Bureau of Investigation pursuant of Tenn. Code Ann. Section 49-5-413.

You are not required to disclose either a parking, or a moving traffic violation if the maximum sanction for such violation does not include a period of confinement.

You will not be required to pay the costs incurred in conjunction with this background investigation if you are offered and accept a position with The Learning Place.

Knowingly falsifying information required by Sec. 49-5--106(a)(1) shall be sufficient grounds for termination of employment and shall also constitute a Class A misdemeanor which must be reported to the District Attorney General for prosecution.

Signed_____Date_____

Print Name_____

First Presbyterian Church of Tullahoma

Policy for the Protection of Children

References

Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

Name: _____

Address: _____Email_____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____Email_____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Name: _____

Address: _____Email_____

Daytime Phone: _____ Evening Phone: _____

Relationship to Applicant: _____

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and/or youth?

YES / NO (Please Circle one)

Do we have your permission to share this information with those persons who will participate in acting on this Application?

YES / NO (Please Circle one)

_____ _____

Signature of Applicant Date

First Presbyterian Church of Tullahoma

Policy for the Protection of Children

APPENDIX D

First Presbyterian Church of Tullahoma

Authorization and Request for Criminal Records Check

I, _____, HEREBY AUTHORIZE the First Presbyterian Church of Tullahoma to request any local, state or federal law enforcement department or agency to release information regarding any record of any investigations, charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors to the fullest extent permitted by local, state and federal law. I release any and all law enforcement departments, agencies, and their employees from all liability that may result from any such disclosure made in response to this request. I also give my permission for this information to be shared with those persons who will participate in making decisions with respect to my application.

You are authorized to rely upon a photocopy or fax copy of this document.

_____ _____

Signature of Applicant Date

_____

Print applicant's full name:

Print all other names that have been used by applicant (if any):

_____

Date of birth: _____Place of birth: _____

Social Security number: _____

Driver's License number: _____

State in which license was issued: _____

License expiration date: _____

Email address: _____

Request sent to (organization or title):_____

Name: _____

Address: _____

Phone: _____