

Gertrude Remmel Butler
CHILD DEVELOPMENT CENTER
of First United Methodist Church

APPLICATION FOR EMPLOYMENT

NOTE: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. **PLEASE PRINT** except for the signatures.

Job applied for: _____ Today's date: _____

Name: _____ Phone #: _____

Address: _____ City _____ Zip Code: _____

Are 18 years or older? _____ Social Security #: _____

Were you ever employed here? Yes / / No / / If yes, when? _____

Have you ever applied here? Yes / / No / / If yes, when?

Number of work days missed in the last 6 months: _____

Has a court ever denied parental custodial or visitation rights as a result of child maltreatment?

Yes / / No / / If yes, explain: _____

Have you ever had parental rights terminated? Yes / / No / /

EDUCATION: (Give name, address, location, highest grade completed, date of leaving)

High School or GED: _____

College or University: _____

College major: _____ Degree: _____

Advanced degree or course work: _____

Additional Education: (vocational, technical training) _____

HEALTH: Do you have any physical limitations which would give you problems in performing

this job? Yes / / No / / If yes, please

explain: _____

Would you take a physical examination if required? Yes / / No / /

Do you have documentation of an annual TB test? Yes / / No / /

Have you ever been convicted of any of the following:	Yes	No
Capital murder		
1st/2nd degree murder		
Manslaughter		
1st/2nd degree battery		
Aggravated assault		
Terroristic threatening		
Kidnapping		
1st degree false imprisonment		
1st/2nd degree rape or carnal abuse		
1st/2nd degree sexual abuse		
1st/2nd degree violation of a minor		
Incest		
1 st degree endangering of a minor		
Permitting child abuse		
Engaging children in sexually explicit conduct for use in visual or print medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use a child in sexual performance, by producing directing or promoting sexual performance by a child		
Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses		

REFERENCES: Provide names, complete addresses, phone numbers of three people (no relatives or former employers) we may contact about you.

1. Name _____
Address _____ Phone _____
2. Name _____
Address _____ Phone _____
3. Name _____
Address _____ Phone _____

WORK HISTORY: Please attach a resume or on the next page complete information regarding present and past employment beginning with most recent covering all periods of time. If self-employed, please supply business references. PLEASE GIVE MONTH AND YEAR.

EMPLOYMENT HISTORY	Please give accurate, complete, full-time & part-time employment record. Start with present or most recent employer.
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1. Company Name	Telephone ()
Address	Employed (state month & year) From: To:
Name of Supervisor	Weekly Pay Start Last
State Job Title & Describe Your Work	Reason for Leaving

2. Company Name	Telephone ()
Address	Employed (state month & year) From: To:
Name of Supervisor	Weekly Pay Start Last
State Job Title & Describe Your Work	Reason for Leaving

3. Company Name	Telephone ()
Address	Employed (state month & year) From: To:
Name of Supervisor	Weekly Pay Start Last
State Job Title & Describe Your Work	Reason for Leaving

Indicate below any employer you do not want us to contact

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above type of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

Provide dates you attended school:	
<i>Elementary:</i> from _____ to _____	Number of dependents: _____
<i>High School:</i> from _____ to _____	Sex: ___ Male ___ Female
<i>College:</i> from _____ to _____	Are you a U.S. citizen? ___ yes ___ no
<i>Other:</i> Name- _____ from _____ to _____	

Marital status: ___ single ___ engaged ___ married ___ separated ___ divorced ___ widowed

How long have you lived in Arkansas? ____ years ____ months	How long have you lived at your current address? ____ years ____ months
Have you ever been bonded? ___ yes ___ no If yes, with what employers:	

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? ___ yes ___ no If Ayes@, describe in full.

State names of relative and friends working for us..

Are you now or do you expect to be engaged in other business or employment? If yes, explain _____

Explain any additional information (relative to name change, use of assumed name, nickname) necessary to enable us to check your work record: _____

Other than loving children, why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorized the individuals or institution named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

_____ Date

_____ Signature

Alcohol & Drug Abuse Procedure:

1. In order to enforce the Center=s Alcohol & Drug Abuse Policy, it may be necessary to require an employee or applicant to submit to an alcohol and/or drug test. If testing is necessary, the Center will taken reasonable precautions to preserve each employee=s privacy and to ensure that fair, accurate and reliable results are achieved.
2. Testing may be requested in the following instances:
 1. An applicant for employment may be asked to submit to a drug test during his/her pre-employment physical. An applicant testing positive for drug use will not be hired.
 2. An employee may be tested for drugs and or alcohol after a work related accident, observation of use of prohibited substance on the job, poor job performance indicating possible drug or alcohol abuse, or if a supervisor has other reasonable suspicion of drug or alcohol abuse.
 3. Random testing.
3. Any employee who tests positive will be relieved from duty.
4. Any employee who refuses to submit to required testing will be subject to termination. An applicant who refuses will not be re-hired.

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NOTICE TO APPLICANTS

In order to ensure a drug free working environment for all of its employees, the CHILD DEVELOPMENT CENTER has instituted an ALCOHOL & DRUG ABUSE POLICY & PROCEDURE. If you are selected for employment, you will be required to take a drug test within a specified period of time after being hired. This test will consist of the testing of a urine sample or other medically recognized test. Drug screening tests are highly sophisticated and capable of detecting trace amounts of various drugs in the body for up to sixty (60) days following use. A Positive confirmed test result will bar you from employment at the CHILD DEVELOPMENT CENTER.

APPLICANT=S ACKNOWLEDGMENT OF
REVIEW OF ALCOHOL & DRUG ABUSE POLICY & PROCEDURES

I have reviewed a copy of the CHILD DEVELOPMENT CENTER=s ALCOHOL & DRUG ABUSE POLICY & PROCEDURE. I acknowledge that if I am offered a position, I will be required to take a drug test which will consist of the testing of a urine sample or other medically recognized test and that drug screening tests are highly sophisticated and capable of detecting trace amounts of various drugs in my body for up to sixty (60) days following use. I further understand that a positive confirmed test result will bar me from employment in the CHILD DEVELOPMENT CENTER.

I further understand and agree that if I am hired I may be required to submit a urine specimen for testing under the circumstances and conditions as outlined in the POLICY & PROCEDURE. I further understand and agree that if I am involved in an accident which requires medical treatment, the treating physician may order a blood alcohol test.

Applicant=s Signature

Witness

Print Name

Print Name

Date

Date

Rommel Butler
CHILD DEVELOPMENT CENTER
of First United Methodist Church
324 West Eighth Street
Little Rock, Arkansas 72201
Phone: 501-372-2327 Fax: 501-372-3234

An Equal Opportunity Employer

AUTHORIZATION FOR RELEASE OF INFORMATION

In signing this form, I, _____, (print name), am authorizing the Gertrude Rommel Butler CHILD DEVELOPMENT CENTER of First United Methodist Church in Little Rock, Arkansas to obtain any and all information regarding my past employment. I further understand that in accordance with state regulations, that all my employers for the past six (6) years must be contacted.

I am seeking employment with this facility and agree to any and all references as deemed necessary for employment.

Applicant=s Signature Date

Witness=s Signature Date