

# Teacher Application Form



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

**Instructions:** Print clearly in black or blue ink. Answer all questions. Sign and date the form. Please also sign and date the applicant consent and release form.

**PERSONAL INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Time Phone Number (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been charged or convicted of a crime against a child? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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

**AVAILABILITY/POSITION:**

Position:

List any gifts, calling, training, education, or other factors that have prepared you for working with and teaching children:

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Please list what age group you enjoy working with the most (I.e. 2 yr Olds, Babies, etc...)

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**Availability:**

KDO is in session Monday and Thursday. Are you available to work both days?

Yes\_\_\_\_\_ No\_\_\_\_\_

KDO teachers work from 8:30 am – 2:30 pm. Are you available to work these hours?

Yes\_\_\_\_\_ No\_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**EDUCATION:**

Name and Address of School – Degree/Diploma – Graduation Date:

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Skills and Qualifications: Licenses, Skills, Training, Awards:

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Please describe a brief statement of your personal relationship with Christ and how it began:

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**EMPLOYMENT HISTORY (for previous 6 years):**

**Present Or Last Position:**

Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Position:**

Position Title: \_\_\_\_\_

Employer: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Separation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**May We Contact Your Present Employer?** Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title/Address/Phone

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Do you attend church? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

How often? Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Once in a while \_\_\_\_\_

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Applicant Consent and Release**

The information contained in this application is correct to the best of my knowledge. I authorize any references or churches listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for children work. In consideration of the church, youth organizations, charity, employer, reference, or any other person or organization, including record custodians, both collectively and individually, from any and all liability for damages of whatever kind of nature which may at any time result to me, my heirs, or my family, on account of compliance or any attempt, to comply with this authorization. I waive any right that I may have to inspect any information provided about me by any person or organization identified by me in this application.

I understand and agree that the background check investigation company hired by Christian Life Cathedral will verify all or part of the information I have given Christian Life Cathedral. I understand that this verification may include any inquiry into my motor vehicle driving record, criminal and civil records, as well as other public record information. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability Christian Life Cathedral, the background check investigation company and any individual or entity requesting or supplying information with respect to my application to work for Christian Life Cathedral.

I hereby give my permission for Christian Life Cathedral to obtain information relating to my criminal history record. I understand that this information will be used in part, to determine my eligibility for a position with this organization. I also understand as long as I remain an employee here, the criminal history records check may be repeated at any time.

Should my application be accepted, I agree to be bound by the bylaws and policies of Christian Life Cathedral and to refrain from unscriptural conduct in the performance of my services on behalf of the church.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_

Please sign and return to:

Kid’s Day Out  
Christian Life Cathedral  
1285 Millsap Rd  
Fayetteville, AR 72703  
(479) 521-5683  
Office Hours: Monday through Friday, 8:00 am to 5:00 pm

# Christian Life Cathedral

## Authorization for Release of Information

In connection with my application for volunteer services with Christian Life Cathedral, I authorize Christian Life Cathedral, or their agent, to solicit background information relative to my criminal record history. I understand that Christian Life Cathedral may conduct inquiries into my background that may include criminal records, personal references and other public reports pertaining to me.

I authorize without any reservation, any person, agency, or other entity contacted by Christian Life Cathedral, or their agent for purposes of obtaining background report information, to furnish the above mentioned information.

I release Christian Life Cathedral, their respective employees and all persons, agencies and entities providing information or reports about me from any and all liability arising out of furnishing any such information or reports.

### **Please Print**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

City of Birth \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

AKA/Maiden Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # and State Issued \_\_\_\_\_

**Please note: If your address is a rural route, or post office box, we must have City and County mail was/is delivered to.**

Current Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

How long at this address? (Months/Years) \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ Co. \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_