

Employment Application

Leesburg Presbyterian Church Preschool (LPCP) is an equal opportunity employer. This application will not be used for limiting or excluding any qualified applicant from consideration for employment on a basis prohibited by local, state, or federal law. LPCP complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible and qualified applicant/employees to perform certain essential functions.

| | | Арр | lican | t Information |
|-----------------------------|--|------------------------|-------|--|
| Full Name: | Last | Firs | t | Date: |
| Address: | | | | |
| Addiess. | Street Address | | | Apartment/Unit # |
| | City | | | State ZIP Code |
| Phone: | | | | Email |
| Date Availal start: | | our digits Security | | |
| Position App | olied for: | | | |
| How did you about this p | | | | |
| Are you a ci | tizen of the United States? | YES | NO | YES NO If no, are you authorized to work in the U.S.? |
| | nents can you provide to prove ship or legal work status? | | | |
| | ver applied to or worked for e company? | YES | NO | If yes, when? |
| | ver been convicted of a crimina ony or misdemeanor)? | I YES □ | NO | If yes, please state the nature of the crime(s), When and Where you were convicted and where the case was Disposed |

| Do you have friends, relatives, or acquaintances working for LPCP? | YES | NO | If yes, please state name & relationship |) | | | | |
|---|---------|-------------|--|--|--|--|--|--|
| Do you have reliable transportation to and from work? | | NO | | | | | | |
| Are you 18 years of age or older? | | NO | If no, D.O.B | <u> </u> | | | | |
| Are you able to give job-required care that includes, but is not limited, to complete sight and sound supervision indoors and outdoors, stoop, bend, get up and down from the floor, sit on the floor, climb on play equipment if necessary, and run? | YES | NO | If no, please | e explain: | | | | |
| YES NO Are you able to lift and carry a job-required weight of 40 lbs.? □ □ | | | | | | | | |
| Are you comfortable with all job-required asp diapering and toilet training? | oects c | of | YES | NO | | | | |
| Please provide below a brief description of y work at LPCP | our pe | ersonality, | talents, and ir | nterests. Please include why you desire to | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Edu | cation a | nd Training | | | | | |
| High School: | | | | | | | | |
| From: To: Dic | | | YES NO | Diploma: | | | | |
| College: | | Address: | | | | | | |
| From: To: Did | d you g | graduate? | YES NO | Degree Earned: | | | | |
| Other: | | Address: | | | | | | |

| From: | To: Did y | ou graduate? | YES | | Degree Earned: | |
|-------------------|-------------------------------|------------------------------|-----------------------|---------|----------------------------------|--|
| | | Refere | ences | | | |
| Please list three | professional references. | | | | | |
| Full Name: | | | | | Relationship: | |
| Company: | | | | | Phone: | |
| | | | | | Email: | |
| Address: | | | | | | |
| Full Name: | | | | | Relationship: | |
| Company: | | | | | Phone: | |
| | | | | | Email: | |
| Address: | | | | | | |
| Full Name: | | | | | Relationship: | |
| Company: | | | | | Phone: | |
| | | | | | Email: | |
| Address: | | | | | | |
| | | Previous E | mployn | nent | | |
| Company: | | | | | Phone: | |
| Address: | | | | | Supervisor: | |
| Job Title: | | Starting sala hourly rate | ary or : <u>\$</u> | | Ending salary or hourly rate :\$ | |
| Responsibilities: | | | | | | |
| From: | To: | | Reason | for Lea | ving: | |
| May we contact y | our previous supervisor for a | reference? | YES | NC _ |) | |
| Company: | | | | | Phone: | |
| Address: | | | | | 0 | |
| Job Title: | | | | | | |
| Responsibilities: | | | | | | |
| _ | To: | | | | ving: | |
| May we contact y | our previous supervisor for a | reference? | YES | NC |) | |
| | | | | | | |

| Company: | | | | | Phone: | | |
|---|----------------------------|-----------------------------|-----------|-------------|--------------------------------|--|--|
| Address: | | | | | Supervisor: | | |
| Job Title: | | Starting salary hourly rate | | | Ending salary or hourly rate : | | |
| Responsibilities: | | | | | | | |
| From: | To: | Re | eason for | Leaving: | | | |
| May we contact you | ır previous supervisor for | | YES | NO | | | |
| | | Military Se | rvice | | | | |
| Branch: | | | | From:_ | To: | | |
| Rank at Discharge: | | | Type of D | ischarge:_ | | | |
| If other than honora | ble, explain: | | | | | | |
| What military skills or possess that would for this position? | do you | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | At-Will-Empl | oyment | | | | |
| If you are employed by LPCP, the relationship between you and LPCP is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or by LPCP. No representative of LPCP has authority to enter in to any agreement contrary to the forgoing "employment at will" relationship. You understand that your employment is 'At Will", and that you acknowledge that no oral or written statements or representations regarding your employment can alter your atwill employment status. | | | | | | | |
| | | Disclaimer and | Signati | ure | | | |
| I certify that my an | swers are true and com | plete to the best o | f my kno | wledge. | | | |
| If this application le | | nderstand that fals | se or mis | leading inf | ormation in my application or | | |
| Signature: | | | | | Date: | | |