

EMPLOYMENT APPLICATION

The Gathering Place Polaris • 1250 Gemini Place • Columbus, OH 43240

Phone: 614.436.1395 • FAX: 614.468.4119 • www.gatheringplacepolaris.com

Please Print Clearly

Today's Date _____

Name _____
Last First Middle Maiden Name

Gender F M Social Security # _____ Are you a US Citizen? YES NO

Marital Status Married Separated Divorced Single Engaged Widowed

Address _____

City _____ State _____ Zip _____ E-mail _____

Have you lived in OHIO for the past 5 years? YES NO If no, list all other states you have lived in _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Position Applying For _____ Full Time Part Time

Do you have a preferred age group to work with? YES NO If so, what age / ages? _____

Do you need restricted hours? YES NO If so, why would you need restricted hours _____

DAYS & HOURS OF THE WEEK YOU CAN WORK				
Mon. <input type="checkbox"/>	Tues. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>
START	START	START	START	START
END	END	END	END	END

Will you need child care? YES NO If so, how old is the child/children? _____

What days / hours would you need your child / children to attend? _____

Education

Name	Address	Major	Year Completed	If Graduated Month, Year	Degree Attained
High School			1 2 3 4		
College			1 2 3 4		
College			1 2 3 4		
Business / Technical School			1 2 3 4		
Graduate School			1 2 3 4		
Other			1 2 3 4		

List your student teaching experience:

School _____ Cooperating Teacher _____ Date/s _____

School _____ Cooperating Teacher _____ Date/s _____

List any other educational experience not covered above such as first aid, CPR, prevention of child abuse, communicable diseases, workshops, and seminars _____

Do you have any additional skills, talents, certifications, or certificates of completion that would be noteworthy of listing for consideration of position applying for? _____

Employment History

Please list your last four employers, starting with the most recent or present.

Last or Present Employment First				Employer's Name, Address, Telephone Number	Last Salary and Position(s) Held	Reason for Leaving
From		To				
Month	Year	Month	Year	Employer	Salary	
				Address	Position	
				City, State, Zip	Phone (area code)	Supervisor
				Employer	Salary	
				Address	Position	
				City, State, Zip	Phone (area code)	Supervisor
				Employer	Salary	
				Address	Position	
				City, State, Zip	Phone (area code)	Supervisor
				Employer	Salary	
				Address	Position	
				City, State, Zip	Phone (area code)	Supervisor

PERSONAL REFERENCES

List three (3) personal references (NO RELATIVES) that we may contact regarding your professional skills & character:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Years Known _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Years Known _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Years Known _____

General Information

Are you a Christian? Yes No

Have you actually received Christ as your personal Savior & Lord? Yes No

If so, briefly describe your personal experience with God (if necessary, please use the back of this page) _____

Briefly explain how you maintain your relationship with God _____

Do you attend church at The Church at Polaris? Yes No If yes, how long? _____

If no, where do you attend church? _____ How long? _____

Are you currently involved in any area/s of ministry? Yes No

Please list what area(s) _____

Are you currently involved in any small groups / life groups? Yes No

Please list what group(s) _____

Are you fully aware that The Gathering Place Polaris is a non-profit, religious educational organization, and that as an employee you would be asked to teach and model Christian values and principles, as well as be held accountable to those standards? Yes No

Please read The Gathering Place Polaris Statement of Faith below. Are you in agreement? Yes No

If no, please explain _____

The Gathering Place Statement of Faith

We believe:

1. The Bible to be the inspired, infallible, authoritative Word of God (2 Tim. 3:16-17; 2Peter 1:19-21).
2. There is only one God, eternally existent in three persons; Father, Son and Holy Spirit (Gen. 1:26; 2 Cor. 13:14).
3. In the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, and in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory (John 1:1-3; Phil. 2:6-11).
4. That man, originally created in the image of God, fell from that high and holy estate, and lost all spiritual life, and that he is a sinner against God's holy laws and character (Gen.1:27; Rom. 3:10, 23; 4:12-19).
5. That for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential. Salvation is by God's grace alone, and is received through whole hearted acceptance of Jesus Christ as personal Savior. Through being born again, man becomes a new creature in Christ Jesus (John 3:3; 2 Cor. 5:17; Titus 3:5).
6. In the present ministry of the Holy Spirit, by whose indwelling the Christian is able to live a godly life and be effective in Christian witness. That each believer is gifted and enabled to minister within the body of Christ. That the fruit of the Spirit (Christ's character) is developed in those controlled by the Spirit of God (Gal. 5:22, 23; 1 Peter 4:10,11; Eph. 4:1-16).
7. That baptism and communion hold a high place in the life of a Christian, and the practice of such is essential to their Christian walk (Matt. 28:19; Rom. 6:4; 1 Cor. 11:23-27; 2 Cor. 13:5).
8. In the resurrection of both the saved and the lost: the saved to a resurrection of life and the lost to damnation (Matt. 13:41, 51; John 5:28, 29; Rev. 20:11-15).

Have you ever been incarcerated, convicted of a crime, or charged with child molestation? Yes No

If yes, explain _____

Have you ever had lost time from work and / or school due to accidents, illnesses or operations? Yes No

If yes, please explain below

Year	No. of Days	Nature of Illness, Accident or Operation

Please Read and Sign

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make investigation and inquiries of my personal employment, financial, medical, criminal and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of my employment, I understand that false or misleading information in my application or interview(s) may result in immediate discharge. I understand also that I am required to abide by all rules and regulations of The Gathering Place Child Care Center.

I also understand that employment with The Gathering Place is at-will, meaning employees may choose to end the employment relationship at any time and for any reason, and The Gathering Place has the same right.

Signature _____

Date _____

