

Holy Neck Christian Church

4400 Holy Neck Road
Suffolk VA 23437
757-986-2418

Nursery Worker Application

Date: _____

Full Name: _____

Last

First

Middle

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: _____

Why do you want to work with children?

Have you had any special training that qualifies you to work with children?

Are you CPR certified? _____ If yes, date: _____

Are you First Aid certified? _____ If yes, date: _____

Work History:

List any previous employment

Company: _____ Position: _____

Dates employed: _____ Phone: _____

Supervisor/Contact Person: _____

Company: _____ Position: _____

Dates employed: _____ Phone: _____

Supervisor/Contact Person: _____

Company: _____ Position: _____

Dates employed: _____ Phone: _____

Supervisor/Contact Person: _____

Safety and Security:

The questions below are part of our application process in order to help provide a safe and secure environment for our children and youth. All information is held in strict confidence. Your answers to these question may not necessarily exempt you from the nursery position. Thank you for understanding.

Do you use illegal drugs? _____

Have you been treated for alcohol or substance abuse? _____

Have you ever been arrested for, convicted of, or are you currently being investigated for a criminal offense other than a minor traffic violation? _____

Have you ever been arrested for, convicted of, or are you currently being investigated for any sexual related crime? _____

Have you ever been arrested for, convicted of, or are you currently being investigated for any physical, emotional or neglect abuse crime? _____

Are there any other circumstances involving your lifestyle or background that may call into question your ability to work with children? _____

If you answered yes to any of the above questions, please explain:

References:

List three personal references that are not related to you

Name: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Home Phone: _____ Cell Phone: _____

The information contained in this form is correct to the best of my knowledge. I agree to release this information to Holy Neck Christian Church and authorize them to verify the information herein. If considered for the position, I agree to submit to a background check at no cost to me.

Applicant's Signature: _____ Date: _____