

**ABC CHRISTIAN CHILDCARE & EDUCATION CENTER**

1401 W 10th St, PO Box 147  
COFFEYVILLE, KS 67337  
620-515-1593

abccoffeyville@gmail.com

Website: abccoffeyville.com

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

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

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position(s) Applying For: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Substitute \_\_\_\_\_ Days Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Why are you applying for work at ABC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you at least 16 years old? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Work at ABC requires lifting children. Are you be able to do that? Yes \_\_\_\_\_ No \_\_\_\_\_

If selected for employment are you willing to submit to a pre-employment drug screening test?  
Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize ABC to thoroughly investigate my references, work records, education, and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the school, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and ABC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice at the option of any owner of ABC, and that no promises or representations contrary to the foregoing are binding on ABC unless made in writing and signed by Sharon Brown or Sandra Brown.

\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by ABC, I am entitled to copies of any such public records obtained by ABC.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**Education**    School name                      Location                      Years Attended                      Degree Received                      Major

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**Employment**                      Employer, Dates Employed, Phone, Pay Rate, Position, Supervisor's Name

Reason for Leaving, Can we contact them                      yes                      no

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**References**                      Name                      Title                      Company                      Phone

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\_\_\_\_\_ I certify that all answers given herein are true and complete to the best of my knowledge

\_\_\_\_\_ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\_\_\_\_\_ In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date