

# AfterCare Express

An AfterSchool Ministry of Lakewood UMC

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## Application for Employment

**NOTE:** Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered. **PLEASE PRINT legibly** except for your signature on the last page.

Job applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_ Are

you 18 years of age or older? **Yes or No**

How did you hear about us? \_\_\_\_\_

Were you ever employed here? **Yes or No** If yes, when? \_\_\_\_\_

Have you ever applied here? **Yes or No** If yes, when? \_\_\_\_\_

Has a court ever denied you parental custodial or visitation rights as a result of child maltreatment?

**Yes or No** If yes, explain: \_\_\_\_\_

Have you ever been convicted of any of the following: **Yes or No**

- |   |  |
|---|--|
| 1) Capital murder   | 17) Criminal attempt, criminal solicitation or criminal conspiracy to commit any of the above offenses     |
| 2) 1st or 2nd degree murder   | 18) Distribution to minors, {of any controlled substance}  |
| 3) Manslaughter   | 19) Manufacture, delivery, or possession with intent to deliver or manufacture of any controlled substance |
| 4) 1st or 2nd degree battery  | 20) Carnal abuse in the third degree   |
| 5) Aggravated assault   | 21) Sexual solicitation of a child   |
| 6) 1st degree terroristic threatening   | 22) Pandering or possessing visual or print medium depicting sexually explicit conduct involving a child   |
| 7) Kidnapping   | 23) Negligent homicide   |
| 8) 1st degree false imprisonment  | 24) Assault in the third degree  |
| 9) Permanent detention or restraint   | 25) Coercion   |
| 10) 1st/2nd degree rape or carnal abuse   | 26) Sexual misconduct  |
| 11) 1st/2nd degree sexual abuse   | 27) Public sexual indecency  |
| 12) 1st/2nd degree violation of a minor   | 28) Indecent exposure  |
| 13) Incest  | 29) Endangering the welfare of a minor in the second degree  |
| 14) 1st degree endangering of a minor   | 30) Any felony or misdemeanor involving violence or sexual misconduct.                                     |
| 15) Permitting child abuse  |  |
| 16) Engaging children in sexually explicit conduct for the use in visual or print; medium, transportation of minors for prohibited sexual conduct, use of a child or consent to use of a child in sexual performance, by producing, directing, or promoting sexual performance by a child |  |

**All applicants must consent to a Child Maltreatment and Criminal Background Check.**

**EDUCATION** (Give name, address, location, highest grade completed, date of leaving)

**High School or GED** \_\_\_\_\_

**College or University** \_\_\_\_\_

Major \_\_\_\_\_ Degree \_\_\_\_\_

**Advanced degree or course work** \_\_\_\_\_

**Additional Education, Vocational, Technical Training information** \_\_\_\_\_

**HEALTH** Do you have any physical limitations, which would give you problems in performing this job?

**Yes or No** If yes, explain \_\_\_\_\_

Would you take a physical examination if required? **Yes or No**

**REFERENCES** Names, complete addresses, phone numbers of three people (no relatives) we may contact about you.

1. Name \_\_\_\_\_ City/State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ City/State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ City/State \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**WORK HISTORY** Please attach a resume or list below all work history for the past six years. Include month & year.

**Employer's Name**

**Address and Phone #**

**From / To**

**Duties**

**Last Supervisor**

**Reason for Leaving**

Employer's Name Address and Phone #	From / To	Duties	Last Supervisor	Reason for Leaving

(Continue on a sheet of blank paper if you do not have enough room to list your employers for the past six years)

Are you now or do you expect to be engaged in other business or employment? If yes, explain \_\_\_\_\_

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record. \_\_\_\_\_

**NARRATIVE**

Why do you want to work in our program? \_\_\_\_\_

What do you feel best qualifies you for this job? \_\_\_\_\_

**AFFIDAVIT** I certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render the application void, or if employed, would be cause for termination. I authorize the individuals or institutions named above to give information regarding my employment, character, and qualification, hereby releasing them from all liability for issuing such information.

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