

# KingdomCare Early Learning Center Application

This application is to be completed by all those desiring a ministry position involving the supervision or custody of minors. It is used to help the early learning center provide a safe and secure environment for the children who attend.

Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

How Long at this address? \_\_\_\_\_ If less than five years, give previous address and number of years below:

Previous address: \_\_\_\_\_ Years: \_\_\_\_\_

Male  Female Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell / Pager: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

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

Marital status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Number of years: \_\_\_\_\_

Employment history of last five years:

Employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any leadership/volunteer experience you have had with children: \_\_\_\_\_

List any training or education that has prepared you to work with children: \_\_\_\_\_

List any other activities in which you are involved: \_\_\_\_\_

## Age/Grade preference:

Babies to 23 Months

2 and 3 years olds

4 and 5 year olds/ Kindergarten

Grades 1 and 2

Grades 3 and 4

Grades 5 and 6

Availability: Please list anytimes you are available \_\_\_\_\_

**Local Personal References ( Must be 18 years old and not related to you)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Comments (staff use):** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Comments (staff use):** \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Comments (staff use):** \_\_\_\_\_

**The questions below are part of the process to help provide a safe and secure environment for our children. All information is held strictly confidential by the staff. It is our desire to work with you to find a ministry that is fulfilling and suited to your strengths and experiences.**

Have you had any experiences that might make it difficult for you to work with children? \_\_\_\_\_

Have you ever been accused or convicted of the use or sale of illegal drugs? \_\_\_\_\_

Have you ever used illegal drugs? \_\_\_\_\_

Have you ever been hospitalized, treated for, or struggled with alcohol or substance abuse? \_\_\_\_\_

Have you ever been charged with a misdemeanor or felony? \_\_\_\_\_

Are you engaged in any conduct that is contrary to the teachings of the Bible? \_\_\_\_\_

Do you have any health issues that could place the children at risk? \_\_\_\_\_

Have you ever been denied legal custody of your children in any legal proceedings including divorce decrees or settlements? \_\_\_\_\_

We conduct a police background check on all applicants. Do you have any objections? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant's Statement**

I hereby authorize Kingdomcare, LLC to verify all information contained in this application with any references, my past or present employers, or any other appropriate personnel at my present or past employers, churches or other organizations and any individuals to disclose any and all information to Kingdomcare, LLC. I release all such persons or entities from liability that may result or arise from Kingdomcare's collections of all such evaluations or information or its consideration of my application.

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# Checklist

(To be completed by staff)

Name: \_\_\_\_\_ Orientation attended: \_\_\_\_\_

Email to staff: \_\_\_\_\_ CD ROM clearance: \_\_\_\_\_ DOJ Clearance: \_\_\_\_\_ FBI Clearance: \_\_\_\_\_

Interview date: \_\_\_\_\_ By: \_\_\_\_\_

Reference checks: \_\_\_\_\_

Work reference: \_\_\_\_\_ Data base code: \_\_\_\_\_

Placement: Hour/Age \_\_\_\_\_ Position: \_\_\_\_\_ Start date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

End Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: