



Please attach
photo taken
within the
last 12 months

Infant Care & Preschool Application for Employment

LVA is a branch of Valley Fellowship Christian Academy.
LVA is a church exempt daycare and is accredited through ICAA.

Please complete this form in pen. The previous employment section should be as complete as possible.
Show address of employer and name of immediate supervisor. All information will be held in confidence.

ALL INFORMATION MUST BE COMPLETE IN ORDER FOR APPLICATION TO BE ACCEPTED

A. PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Name you prefer to be called _____ Cell Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Email: _____ Are you over 19 years of age? _____

B. EDUCATIONAL INFORMATION () High School Diploma Completed or Equivalent

Other Education:	Name of School	Address	Yrs (from-to)	Degree

C. EMPLOYMENT INFORMATION

Employer	Address	Position	From - To	Reason Left

Last Hourly Rate _____

D. ACADEMIC INFORMATION

Highest Degree Held _____

Other Certifications _____

**Please attach a copy of your college transcripts if applicable*

E. CHILDCARE EXPERIENCE

Organization Name	Address	From – To	Grades/Ages

Briefly list your greatest strength as a caregiver _____

F. PLACEMENT INFORMATION

What ages would you prefer to teach? _____

() Full Time () Part Time

G. CHRISTIAN SCHOOL INFORMATION

How would your employment in a Christian school differ from your employment in a non-Christian school? _____

What did you like best about your last job? _____

If you were hired, what are some changes that you would do differently compared to your last employment? _____

H. SPIRITUAL INFORMATION

Current church _____
(name) (denomination)

Church address _____ Pastor's Name: _____

Have you accepted Jesus Christ as your personal Lord and Savior? () Yes () No Date ____/____/____

Have you received the baptism of the Holy Spirit with the evidence of speaking in other tongues? () Yes () No Date ____/____/____

State any type of Christian service you have been involved in _____

I. HEALTH INFORMATION *Upon employment a Medical History form must be completed.

Do you consider your health adequate for working with young children? _____

Have you ever been disciplined for violating company policies () Yes () No

Do you use illegal drugs? () Yes () No

Who may we notify in the case of an emergency? Name: _____

Contact information: _____

Are there any health concerns/issues you would like the school to be aware of? _____

J. REFERENCES

List three persons who may be contacted as personal references. Please list persons who are acquainted with your professional experience. Upon employment, the school will require two letters of recommendation.

Name	Email Address	Relationship	Telephone

This School does not unlawfully discriminate in hiring or employment on the basis of race, color, marital or veteran status, national origin, sex, ancestry, the presence of a non-job-related medical condition or handicap or on the basis of age against persons whose age is between forty and seventy. No question on this application is intended to secure information to be used for such discrimination.

IMPORTANT:

In processing this employment application, the School will request a criminal history background information check to be completed, which includes fingerprinting. A criminal background check is a requirement of employment as per the State of Alabama, ICAA Accreditation and School policy. The school will cover any fees associated with the information check. Applicants must complete a release form and provide their own transportation to the designated location for fingerprinting.

Do you consent to completing a criminal history background information check? () Yes () No

Upon hire, I agree that I am available to work during LVA hours of operation, as needed (6:45am – 5:45pm).

() Yes () No

Upon hire, I understand time off cannot be approved until the 90-day probationary period has ended. **() Yes () No**

Please list any known dates that time off would be necessary after the 90-day probationary period.

Is there any other information you are aware of that would affect your employment at LVA/VFCA? _____

I certify that all information in this APPLICATION FOR EMPLOYMENT is completely accurate to the best of my knowledge.

(Applicant's Signature)

(Date)

Mail application to:

Or Fax application to:

(256) 489-2992



3616 Holmes Avenue

Huntsville, AL 35806

Phone: (256) 533-5248

Website: vfchristianacademy.com

OFFICE USE

Date Received

- | | |
|------------------------------|-------|
| 1. Application | _____ |
| 2. Letters of Recommendation | _____ |
| 3. Proof of Education | _____ |
| 4. Interview | _____ |
| 5. Honor Code | _____ |
| 6. Statement of Faith | _____ |
| 7. Employment Agreement | _____ |
| 8. Background Check | _____ |