



Genesis & Light Center

BEGINNING TO ENLIGHTEN OUR COMMUNITY

EMPLOYMENT APPLICATION

POSITION REQUESTED: _____ APPLICATION DATE: _____

NAME:

| | | |
|-------|--------|------|
| FIRST | MIDDLE | LAST |
|-------|--------|------|

SOCIAL SEC #: _____ EMAIL: _____

DOB: _____ MALE/FEMALE(M/F) SINGLE/MARRIED (S/M)

ADDRESS: _____

CITY: _____ STATE: MISSISSIPPI ZIP CODE: _____

CELL #: _____ HOME #: _____ WORK #: _____

NAME OF COLLEGE: _____ AREA OF STUDY: _____

DEGREE & CERTIFICATION: _____ WHAT YEAR: _____

EMPLOYMENT HISTORY:

CURRENT OF FORMER EMPLOYER'S NAME AND ADDRESS: _____

| | |
|-----------------------|--------------|
| AVERAGE HOURS WORKED: | RATE OF PAY: |
|-----------------------|--------------|

DATE OF EMPLOYMENT STARTED: _____ ENDED: _____

TYPE OF BUSINESS: _____ SUPERVISOR: _____ PHONE#: _____

REASON FOR LEAVING OR CURRENT DUTIES: _____

FORMER EMPLOYER'S NAME AND ADDRESS: _____

| | |
|-----------------------|--------------|
| AVERAGE HOURS WORKED: | RATE OF PAY: |
|-----------------------|--------------|

DATE OF EMPLOYMENT: STARTED: _____ ENDED: _____

TYPE OF BUSINESS: _____ SUPERVISOR: _____ PHONE#: _____

REASON FOR LEAVING & FORMER DUTIES: _____

DAY(S) AND TIMES YOU CAN WORK:

MONDAY _____

THURSDAY _____

TUESDAY _____

FRIDAY _____

WEDNESDAY _____

SATURDAY _____

If you are a teacher, what time is your planning period? _____

What is the best time to contact you? _____

What are 3 words that best describes yourself? _____

What is the best method of contacting you? (Example: cell phone, home phone, email, text, fax, etc.)

DO YOU SPEAK ANY FOREIGN LANGUAGES? YES NO

PLEASE LIST THEM: _____

THE GRADE LEVEL YOU'RE MOST COMFORTABLE TEACHING/TUTORING: _____

THE SUBJECT(S): _____

OTHER SKILL(S): _____

| Check task(s) that you are interested in assisting Genesis and Light Center with | | | | | |
|--|--------------------------|--------------------------|---------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Administrative Assistant | <input type="checkbox"/> | Fundraising - Coordinator | <input type="checkbox"/> | Elder Care Program |
| <input type="checkbox"/> | Christmas Sponsor Coord. | <input type="checkbox"/> | Fundraising - Participant | <input type="checkbox"/> | Summer of Drama Program |
| <input type="checkbox"/> | Custodian Assistant | <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Volunteer Coordinator |
| <input type="checkbox"/> | Gardner Assistant | <input type="checkbox"/> | Tutor - Summer | <input type="checkbox"/> | Web Designer |
| <input type="checkbox"/> | Fundraising - Banquet | <input type="checkbox"/> | Tutor - After school | <input type="checkbox"/> | Other _____ |

REFERENCES:

NAME: _____
Name Address Telephone No.

NAME: _____
Name Address Telephone No.

NAME: _____
Name Address Telephone No.

How did you hear about our facility: Web Email Previous Client Friend/Family Other

I authorize that all information given in this application is true to the best of my knowledge. I give Genesis and Light Center authority to perform a background check to assure that I haven't committed any crimes that will jeopardize young people or conflict with this position. I further authorize investigation of all statements contained in this application as maybe necessary in arriving at a decision.

Signature: _____ DATE: _____

| To be completed by Genesis & Light Administrative Staff only. | | Interviewed by: | | | |
|---|---------------------------|--------------------------|------------------------------------|--------------------------|----------------|
| <input type="checkbox"/> | CPR Certification | <input type="checkbox"/> | License(s) and/or Certification(s) | <input type="checkbox"/> | Driving Record |
| <input type="checkbox"/> | Criminal Background Check | <input type="checkbox"/> | Physical Examination | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Immunization Records | <input type="checkbox"/> | TB Screening | <input type="checkbox"/> | |