



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

Birth Date: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Position(s) Applied For: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Days & Hours Available to Work: \_\_\_\_\_

Can you work overtime or hours outside the assigned schedule? Yes \_\_\_ No \_\_\_

Are you 18 or older? Yes \_\_\_ No \_\_\_ Are you age 21 or older? Yes \_\_\_ No \_\_\_

Have you ever been employed by the Open Arms Child Development Center? Yes \_\_\_ No \_\_\_

If yes, when? \_\_\_\_\_

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes \_\_\_ No \_\_\_

If yes, state law may prohibit you from working in a licensed childcare facility.

Have you obtained a current Criminal History Report for interested parties from the State of

Alaska? Yes \_\_\_ No \_\_\_ If yes, date of report: \_\_\_\_\_

Other than English, what languages do you speak? \_\_\_\_\_

Do you have a valid State of Alaska Driver's License? Yes \_\_\_ No \_\_\_ Date of Expiration: \_\_\_\_\_

Restrictions: \_\_\_\_\_ (A DMV report will periodically be obtained during employment if driving is required.)

If you are hired, can you provide proof that you are eligible to work in the United States?

(Proof of citizenship or immigration status will be required upon employment)

Yes \_\_\_ No \_\_\_

Are you willing to participate in continuing education and training for this position?

Yes \_\_\_ No \_\_\_

List current professional Licenses, certificates, or memberships in professional organizations.

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**EDUCATION** (Use additional paper if necessary):

	Name & Location of School/ Training Organization	Dates Attended/ Years Completed	Diploma or Degree Year	Major Field of Study Credits/ Units Completed
High School				
College or University				
Vocational Technical School				
Other Relevant Training				

**EMPLOYMENT AND EXPERIENCE:** List all positions held in the last 10 years, beginning with the most recent. You may provide this information in resume format. If you were not employed, list your whereabouts for the last 2 years.

Date	Position(s)/Title	Job Duties (PT/FT)	Employer Name, Address, Telephone Number	Supervisor's Name

Describe any duties from your above positions that are relevant to childcare or adult care.

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**OTHER RELEVANT WORK EXPERIENCE** (including volunteer work):

Dates	Position(s)/Title	PT/FT/TEMP	Skills	Supervisor Name, Organization Name, Address, Phone Number

**SPECIAL SKILLS AND QUALIFICATIONS:** Please describe any special skills or other experience which may qualify you for the position for which you are applying, including when, where, and how acquired.

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**REFERENCES:** List at least three references, not related to you, and not previous employers, who can comment on your character and your ability to work with children.

Name/Title	Address	Telephone Number

I give the director of Open Arms Child Development Center the right to investigate all references and to secure additional information about me, if job-related. Furthermore, I give the employer the right to verify any educational references given in this application. I hereby release from liability, the Employer, and its representatives, for seeking such information and all other corporations, educational institutions, or organizations for furnishing such information. \_\_\_\_\_ (initial)

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. \_\_\_\_\_ (initial)

In the event of my employment with the Open Arms Child Development Center, I agree to abide by all present and subsequently issued rules of Open Arms. \_\_\_\_\_ (initial)

If employed, I will be required to complete an Employment Verification Form (I-9) and within three days show satisfactory evidence of identity and eligibility for employment. \_\_\_\_\_ (initial)

Open Arms Child Development Center is an AT-WILL EMPLOYER. I acknowledge that there is no specific length of employment and that any verbal or written offers of employment do not constitute an agreement or contract for employment. Accordingly, either Open Arms Child Development Center or I can terminate the employment relationship at will, with or without cause or notice, so long as the termination does not violate law or public policy. \_\_\_\_\_ (initial)

**PERSONAL HISTORY:** Have you been previously licensed to care for child(ren) or adults? Yes \_\_\_\_ No \_\_\_\_ If yes, indicate city, state, and type of care (childcare home, child or adult foster care, etc.) and dates of licensure: \_\_\_\_\_

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been investigated for child or elder abuse or neglect? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Do you have any physical health, mental health, or behavioral problems that might pose a risk to the health, safety, or wellbeing of children or adults? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Have you been convicted of a crime or charged with criminal offense in the last 10 years? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Have you ever been convicted of or charged with a felony, crime involving domestic violence, or a sex crime? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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I certify that the contents of this form and information provided with it are true, accurate and complete. I authorize the employer to contact others to verify information contained here.

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

**Additional Questions for Staff job Application** (use additional paper if necessary):

Describe your experience for the position for which you are applying.

What do you envision as a safe, healthy, Christian learning environment for young children?

How would you describe your relationship with Jesus Christ?

Why would you be an asset to the families and staff of Open Arms Child Development Center?

Describe your experience in maintaining timely and accurate records.

**Optional Questions:** Are you a member of a local church congregation? YES \_\_\_\_ NO \_\_\_\_

Name of congregation: \_\_\_\_\_

May we contact your pastor for a reference? YES \_\_\_\_ NO \_\_\_\_

Pastor's Name: \_\_\_\_\_

Pastor's Phone Number: \_\_\_\_\_

Open Arms Lutheran Child Development Center is an equal opportunity provider.