



Nikki's Christian Academy

Empowering Young Minds.....Strengthening Families.....

14900 Cloverdale Road • Woodbridge, Virginia • 22193

Telephone (703) 897-6232/6233 • Fax (703) 897-6234

Email: nikkischristiandaycare@gmail.com • Website: nikkischristianlearningcenter.org

1559 Old Bridge Road • Woodbridge, Virginia • 22193

Telephone (571) 427- 2053 • Fax (571) 427-2054

Email: nclcpamsplace@gmail.com • Website: nikkischristianlearningcenter.org

Employment Application Form

Date of Hire: _____	Date Available: _____
Position: _____	Salary: \$ _____ Hourly / Salary

Position Applied For: _____ Date Available: _____

Full Time Part- Time Hours Available to Work: _____ Desired Salary: \$ _____

Personal Information

Full Name: _____

Last

First

Middle

DOB: _____ Social Security Number: _____ - _____ - _____

Month/Day/Year

Address: _____

House / Apt #

Street

City

State

Zip Code

Home (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Best time to contact you? _____ Email Address: _____

Are you 18 years or older? Yes No If no, please state your age: _____

Are you a citizen or national of the United States? Yes No

If no, are you a lawful permanent resident? Yes No

If no, are you an alien authorized to work until a specified date? Yes No if yes, specify date: _____

Do you have any health or medical conditions which might interfere with fulfilling the responsibilities of the position for which you are applying? Yes No If so, please explain in detail.

Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint?

Yes No _____

Employment requires Criminal Background Clearances. Is this acceptable to you? Yes No

In case of Emergency please notify:

Name: _____
Print Full Name (Last, First) *Relationship*

Address: _____
House / Apt # *Street* *City* *State* *Zip Code*

Home Telephone: (____)____-____ Cell Telephone: (____)____-____

Disclosure: Before driving a vehicle to transport children, I realize that I am required to disclose any moving violation(s) that occurred five years prior to or during employment or assignment as a driver.

_____ Signature of Applicant	_____ Date
---------------------------------	---------------

Education and Training:

1. Name and location of High School: _____

Highest grade completed: _____ Date of Graduation: _____ Date GED completed: _____

2. Name and location of College/University: _____

Dates Attended: _____ Number of Years Completed: _____ Number of Credits Earned: _____

Degree(s) Earned: _____

3. Additional training or certificates that would be helpful in evaluating your application:

Experience:

1. Position: _____

Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____-____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

2. Position: _____
Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ To \$ _____

3. Position: _____
Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

4. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to \$ _____

5. Position: _____ Dates From: _____ to _____

Employer: _____ Full time Part-time

Address: _____

Job Duties: _____

Phone: (____)____ - ____ Reason for Leaving: _____

Immediate Supervisor: _____ May we contact this employer? Yes No

Salary/Wages: From \$ _____ to _____

