



Bethlehem Lutheran Child Care
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Germantown, WI 53022
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262.257.0408

BETHLEHEM LUTHERAN CHILD CARE (BLCC) APPLICATION FOR EMPLOYMENT

General Information

Date: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Email Address: _____

Are you: Under 18 yrs old 18 years old or older

Are you known to schools/past employers/reference by any other name? Yes No

If yes, please list: _____

Are you prevented from lawfully being employed in this country due to Visa or immigration status? Yes No

Have you ever been previously employed by BLCC? Yes No

If yes, when? _____ Position held: _____

Have you ever been convicted of a crime or pleaded no contest for any offense other than a minor traffic violation?

Please note that A conviction will not necessarily bar you from employment at BLCC.

Yes No

If yes, please explain and include dates of incidents: _____

In case of an emergency, whom should we notify?

Name: _____ Relationship: _____

Address: _____

City: _____ Zip: _____ Contact Phone: (_____) _____

Name of church where you are an active member: _____

Education Background

	Name & Location of School	Course of Study	# of Years Completed	Degree Obtained?
High School				
College				
Graduate School				
Other				

Please list any and all child care courses taken or safety certifications you have earned (*you will be asked to provide certificates of completion*): _____

Please list any additional job-related in-services or workshops that you have attended (but are not listed above) or special skills you possess which you feel add to your skill set for this position: _____

What types of activities/hobbies do you participate in or are you interested in when you are not at work?

Employment Background (please list most recent first and attach additional piece of paper if necessary)

Employer:	Dates Employed: From:	Responsibilities:
Address:		
Phone Number:	To:	
Job Title:	Hourly Wage/Salary:	
Supervisor:	Starting:	
Reason for Leaving:	Ending:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer:	Dates Employed: From:	Responsibilities:
Address:		
Phone Number:	To:	
Job Title:	Hourly Wage/Salary:	
Supervisor:	Starting:	
Reason for Leaving:	Ending:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Preferences

Position Desired (job title): _____

Preferred Status: Full Time Part Time Summer Only School Year Only

Total Hours Desired Per Week: _____ **Date Available to Begin:** _____

Weekly Availability (*List the hours you are available for work on a daily basis, taking into consideration that BLCC is open from 6am to 6pm – this does not guarantee hours/shifts but rather gives us an idea of when you could be scheduled.*)

	Monday	Tuesday	Wednesday	Thursday	Friday
Starting Time:					
Ending Time:					

References

Please list the names of three people who can give information about your background below.

Name	Address	Phone Number	Relationship

I hereby certify that the above statements are true and give my permission for any verification necessary. I understand that falsification, misrepresentation or omission of facts will be sufficient cause for elimination of any consideration for employment and cause for dismissal.

Signature: _____ **Date:** _____