

**Markham Street's  
Mother's Day Out~Preschool &  
Home School Co-op  
9701 W Markham St  
Little Rock, AR 72205  
(501) 225-3364**

**Application for Employment**

We do not discriminate on the basis of race, national origin, color, sex, age or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors. As a Christian ministry, however, we require that MDO staff be familiar with our statement of faith and behave (personally and professionally) according to those Christian principles. Mature Christian applicants will be given preference for all positions.

NOTE: Please answer each question fully and accurately. No action can be taken on this application until all questions have been answered.

**PLEASE PRINT. IF AN ANSWER DOES NOT APPLY TO YOU, WRITE "N/A".**

Job Applying For:      \_\_\_\_\_Teacher      \_\_\_\_\_Substitute

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_ Social Security # \_\_\_\_\_

Were you ever employed at MSBC? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

If so, give the reason for leaving: \_\_\_\_\_

If so, may we contact your present employer?    No \_\_\_\_\_                      Yes \_\_\_\_\_

If No, please explain why: \_\_\_\_\_

Has any substantiated report of child abuse or neglect ever been made against you?

No \_\_\_\_\_                      Yes \_\_\_\_\_                      If yes, explain: \_\_\_\_\_

Has a court ever denied parental, custodial or visitation rights as a result of neglect or abuse of

a child?    No \_\_\_\_\_                      Yes \_\_\_\_\_                      If yes, explain: \_\_\_\_\_

**ARE YOU A CHRISTIAN?** \_\_\_\_\_

**CHURCH AFFILIATION:** Do you attend church? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Is there anyone in your church that can give you a recommendation? Please list name  
and phone number \_\_\_\_\_

**EDUCATION:** Please attach resume' or give name, address, and highest grade completed in  
High School or state where and when you received your GED.

\_\_\_\_\_  
\_\_\_\_\_

Have you attended a College or University? No \_\_\_ Yes \_\_\_\_\_ If yes, give name,  
address, years attended, major or degree completed: \_\_\_\_\_

\_\_\_\_\_

**HEALTH:** Do you have any physical limitations that would hinder you from being able to bend,  
stoop, lift or physically take care of children? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Would you take a physical exam if required? No \_\_\_\_\_ Yes \_\_\_\_\_

**WORK HISTORY:** Please **attach** a resume' or typed letter stating present and past employment  
for the past 10 years, beginning with most recent. Please state Company's Name,  
Company's Phone Number, when started and ended, duties, Supervisor's Name, and the  
reason for leaving.

**REASON FOR EMPLOYMENT:** Please give reason for wanting to work at Markham Street Baptist

Church's Mother's Day Out Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OPTIONAL:** Please give your personal testimony of faith in Christ: \_\_\_\_\_

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**REFERENCES:** Please list names, addresses, phone numbers, and relationships of 3 people, excluding relatives or former employers, as a reference.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**AFFADAVIT:** I certify that everything written in this application or on my attached resume' or letter is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or, if employed, would be cause for termination. I authorize individuals or institutions named above to give any information regarding my employment character and qualifications, hereby releasing them from all liability for issuing such information.

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

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