



# THE CHAPEL

## Employment Application – Childcare Provider

We appreciate your interest in serving as a Childcare Provider at The Chapel. To help us understand your background, work experience, and educational history, please complete this application as accurately and comprehensively as possible. Information contained within this application will remain confidential and will be disclosed only to those individuals necessary, in order to carry out their responsibilities for The Chapel, or as required by law. Please forward your completed application via email to [cchanza@chapel.org](mailto:cchanza@chapel.org) or mail it to: The Chapel – Human Resources, 1200 American Way, Libertyville, IL 60048

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

When are you available for employment? \_\_\_\_\_ Are you at least 16 years of age? YES NO

If NO, please provide your date of birth: \_\_\_\_\_

Are you legally authorized to work in the United States? YES NO Have you ever previously worked for The Chapel? YES NO

If you answered YES to the above question, are you able to provide proof of authorization upon hire? YES NO If YES, please provide your job title(s), supervisor's name(s) and date(s) of employment below:

\_\_\_\_\_  
*Job Title Supervisor's Name Dates of Employment*

\_\_\_\_\_  
*Job Title Supervisor's Name Dates of Employment*

### Education

High School: \_\_\_\_\_ City/State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO

Post High School: \_\_\_\_\_ City/State: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

## References

Please list two childcare-related references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I give permission to The Chapel to contact any references provided. I authorize the release of information contained in this application to those that are a part of the hiring process at The Chapel.*

*If hired, I understand that false or misleading information in my application or interview may result in my termination. If hired, I understand that employment is for no definite period of time and that either I or The Chapel may terminate employment at any time, without notice, and with or without cause.*

*If hired, I understand that I will be required to provide proof of identity and legal authorization to work in the United States and complete a Federal I-9 form. I also understand that I will be subject to a background check.*

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