

EMPLOYMENT HISTORY/VOLUNTEER HISTORY:

Employer: _____ Dates Employed from _____ to _____
Address: _____
Supervisor: _____
Telephone Number: _ (____) _____
Position Title: _____
Reason for Leaving: _____

Employer: _____ Dates Employed from _____ to _____
Address: _____
Supervisor: _____
Telephone Number: _ (____) _____
Position Title: _____
Reason for Leaving: _____

Volunteer organization _____ Dates Employed from _____ to _____
Address: _____
Supervisor: _____
Telephone Number: _ (____) _____
Position Title: _____
Reason for Leaving: _____

May We Contact Your Present Employer? Yes _____ No _____
May We Contact Your Last Employer? Yes _____ No _____

Please name any relatives who are presently (or have formally been) employed by A.C.T. Programs or at The Cathedral of St. John the Divine? _____

REFERENCES not included above as employer:

Name/Title/Company /Telephone Number

Please note that all staff will be required to:

- Submit a medical check-up form (2yrs)
- Pass a background check
- Get fingerprinted
- Verify academic credentials
- Complete various employment forms such as W-4, I-9 and others
- Provide 2-3 reference letters: employer and character reference.
- Take Mandate Child Abuse on-line course.

COMPLETE IF DIRECTLY WORKING WITH CHILDREN:

If working with children, what age group would you prefer to: Please check

Pre-School: 2-4yrs Kindy-2nd grade: 5-7yrs 3-5th grades: 8-11yrs Young Teens: 12-15yrs _____

Have you ever been finger printed by previous employers? _____ When and by whom: _____

How did you learn of our employment opportunity? _____

Why are you applying to work at ACT? _____

How can you help A.C.T. Program meet its mission? _____

Have you ever worked with children before? Yes (ages) _____ No _____ If so, explain in what capacity and if not, explain why you are interested in working with children

What strengths/skills do you feel you would bring to this position?

How do you handle disruptive and rude behavior in a group? _____

Beyond compensation, what can this organization provide you?

SKILLS AND EXPERIENCES:

Rate on a scale of 1 to 10 with 10 the highest your level of expertise in the following:

— Basketball	— Team Challenges	— Singing and Music
— Gymnastics	— Play an Instruments	— Storytelling
— Baseball/Softball	— Cooking/Baking	— Literacy based activities
— Basketball	— Clay/Sculpture	— Dramatic Play
— Kickball/Other Ballgames	— Sketching/Drawing	— Movement/Dance
— Volleyball	— Native/Folklore Crafts	— Bulletin board Displays
— Football/Rugby/Lacrosse	— Jewelry Making	— Nature Science Activities
— Soccer	— Fashion Design	— Tutoring
— Badminton	— Painting	— Editor/Writer
— Group Games	— Lanyard	— Newsletter/Desktop Design
— Swimming: Beginner/Advanced	— Fishing& lore making	— Photography
— Gaga Ball	— Paper Mache	— Magic Tricks

I certify that information contained in this application is true and complete. I understand that any false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Print Name _____

Date _____

COMPLETE IF APPLYING FOR ADMINSTRATIVE/OFFICE WORK

Check the box of type of positions in which you are interested in and rate the following information:

Program Supervisor
 Administrative Supervisor
 Clerical support staff
 Technical staff

Rate 1-10 with 10 the highest to be completed by supervisory/administrative/clerical support candidates:

Typing WPM : <input style="width: 40px;" type="text"/>	MS Word: <input type="checkbox"/>	MS Publisher <input type="checkbox"/>	MS Outlook: <input type="checkbox"/>	Excel <input type="checkbox"/>	Photoshop <input type="checkbox"/>	Adobe PDF distiller <input type="checkbox"/>	Data input software: explain
Personal Computer: PC <input type="checkbox"/> Mac <input type="checkbox"/>	Facebook posting <input type="checkbox"/>	YouTube uploading <input type="checkbox"/>	Proof reading <input type="checkbox"/>	Writing skills <input type="checkbox"/>	InDesign <input type="checkbox"/>	Dream weaver <input type="checkbox"/>	

How did you learn of our employment opportunity? _____

Have you any obligations during normal work hours being 8:30am – 6:15pm, that require your time away from the position you are applying for? If yes, please Explain _____

Have you ever worked in a customer service position? If so, explain in what capacity did you meet the needs of your _____

Did you review our website before applying? _____

Why are you applying to work at ACT? _____

How can you help A.C.T. Program meet its mission? _____

SKILLS AND EXPERIENCES: What skills, talents and experiences do you bring.

Other Skills _____

— Prepare excel spreadsheet	— Generating bank deposits	— Lead Staff training session
— Newsletter design	— Handling petty cash	— Computer configuration
— Advertisement and flyer design	— Conflict resolution/mediation	— Handling cash/credit cards payment
— Mass emailing	— Editing and writing skills	— Managing budgets
— Using mail merge	— MailChimp	— SurveyMonkey

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Print Name _____

Date _____