

Application Form for Personnel Smiths Station Baptist Church Little Paws Preschool Ministry

Name: _____
Last
First
Maiden Name

Address: _____

Phone Number: _____ Cell Number: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____

Name of Contact in Case of Emergency: _____
Name
Phone Number

Education: _____
School/Institution
Dates Attended
Degree

Elementary: _____

High School: _____

College: _____

Graduate: _____

Other: _____

Child Care Training:

List all courses, workshops, conferences related to child development, early childhood education and administration/management of day care centers. Attach additional pages if necessary.

Title of Course/Workshop	Sponsor	Location	Date

Employment History:



Smiths Station Baptist Church
Experience, Share, Celebrate!

CONSENT FORM

I, _____, of
(First) (Middle) (Last)

(Address) _____,

*give permission to Smiths Station Baptist Church to
order a criminal background check on me.*

(Name) _____

(SSN) _____

(DOB) _____

(Date of Permission) _____