

****WORK EXPERIENCE - beginning with most recent**

1. Date: from _____ to _____ Position _____
Employer _____
Address _____ Phone _____
Reason for leaving _____

2. Date: from _____ to _____ Position _____
Employer _____
Address _____ Phone _____
Reason for leaving _____

3. Date: from _____ to _____ Position _____
Employer _____
Address _____ Phone _____
Reason for leaving _____

4. Date: from _____ to _____ Position _____
Employer _____
Address _____ Phone _____
Reason for leaving _____

****Can you drive a car or pick-up truck? _____yes _____no**

****Special Talents (art, music, drama, etc.)_____**

****Working with preschoolers requires more than just "babysitting". Instruction and guidance is an essential part of the day. What skills or knowledge or volunteer experience do you have that would help you teach the children?**

****What is your philosophy about how to handle children and deal with discipline problems?**

****References - Do not list relatives.**

Work:

Name	Position	Address	Phone	Yrs. Acquainted
------	----------	---------	-------	-----------------

1. _____

2. _____

Character:

3. _____

****Are you willing to be placed on our substitute list until such time as you are hired here or take a job elsewhere? _____**

****Below write a short paragraph telling why you are interested in applying for a position, your understanding of the program here, and what you think would be expected of you in a position here.**

**** APPLICANT'S STATEMENT**

I am aware that a criminal history and child abuse record check is made on all Weekday Ministries Employees.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment (and resume', if any) as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false, misleading, and/or omitted information given in my application or interview may result in refusal to hire or termination. I understand also that I am required to abide by all rules and regulations of the state and the program

I understand that any employment is conditioned on a background check. I authorize First Baptist Church Weekday Ministries to investigate all statements contained in my application or resume. I authorize my former employers and references to disclose information regarding my former employment, character, and reputation without giving me prior notice of such disclosures. I release First Baptist Church Weekday Ministries, any former employers, and all references listed above from all claims, demands, or liabilities arising out of or related to such disclosure.

If hired, I understand and agree that my employment will be "at will" and without fixed term, will be probationary for 90 days, and may be terminated at any time with or without cause and without prior notice at the option of either myself or WDM. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon WDM unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test at any time deemed appropriate by WDM and as permitted by law. I request the examining doctor disclose to WDM the results of the examination, which shall remain confidential and segregated from my personnel file. I understand that my employment is contingent upon satisfactory medical exams and drug test if asked for. I also understand that I will need to provide a copy of my TB skin test before I can be considered for employment either on a regular basis or as a substitute.

I understand that filling out this form does not obligate WDM to hire. I agree to abide by WDM's drug and alcohol policy, and all work rules, policies, and procedures. WDM retains the right to revise polices and procedures of the program as necessary.

To be eligible for work or substitute you will have to have a current TB skin test certificate on file in the WDM office and after hiring you will have 30 days to get 6 hours of orientation (we pay for the class and for your time and can tell you when and where to get these hours)

PLEASE BE SURE YOU HAVE READ ALL OF THIS BEFORE YOU SIGN.

**Today's Date _____

**SIGNATURE _____

**Date applicant available to start work _____

For Director's and/or Ministry Team's Use Only

Arranged Interview ____yes ____no

Remarks _____

Interview Report _____

Date of Employment _____ Hourly rate/salary _____

Job Title _____

Supervisor _____



Kentucky Court of Justice
www.kycourts.net

Youth Leader Request

AOC-PT-55, Rev. 11-03

Mail Requests To:

Records Division
Pretrial Services
Administrative Office of the Courts
100 Millcreek Park
Frankfort, Kentucky 40601
502-573-1682 or 800-928-6381

Youth Leader Information

To request a record on an individual from the CourtNet Disposition System for the purpose of obtaining a background check, please follow these steps:

- Send this completed form to the mailing address above.
- Enclose a stamped envelope addressed to you for your return reply.
- Enclose a #10 (business-size) envelope addressed to the individual being checked.
- If you prefer, provide e-mail addresses for you and the individual being checked in place of envelopes.

Failure to comply with these procedures will result in the request being returned unprocessed. If you have any questions once you receive a reply, or if you suspect the information contained in the record is incorrect, contact Pretrial Services at 502-573-1682 or 800-928-6381.

Information on Individual Whose Record is Being Checked (please type or print clearly):

Social Security # _____

Name _____

Date of Birth _____

Maiden or Alias Names _____

Street Address/P.O. Box _____

City, State, ZIP _____

E-mail Address _____

I understand that failure to accurately provide the information requested may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing.

Name of Agency

Address of Agency

Requestor/Contact Person

City, State, ZIP

Date

Phone #

E-mail Address