



Application for After School Program Staff Member

Please email completed form to mburge@myncbc.org

PERSONAL INFORMATION		
Full Name		
Street Address		
City	State	Zip Code
Phone	Email address	

EDUCATION				
	School	City/State	Graduated?	Degree
High School				
2-year College				
4-year College				
Graduate School				
Other				

EMPLOYMENT HISTORY AND EXPERIENCE		
Current or Last Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street address:		
City	State	Zip Code
Name & Supervisor Title:		
May we contact him/her?	YES	NO

Reason for leaving:

Second Previous Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street Address		
City	State	Zip Code
Name & Supervisor Title:		
May we contact him/her? YES NO		
Reason for leaving:		

Third Previous Employer:		
Start Date:	End Date:	
Position/Title:	Employer Phone:	
Street Address		
City	State	Zip Code
Name & Supervisor Title:		
May we contact him/her? YES NO		
Reason for leaving:		

AVAILABILITY AND INTEREST
What days you are available to work weekly?
Please list experience working with children grades K-8.
Are you comfortable leading the daily devotion time on a staff rotating basis?

Please list any work/class schedules that need to be considered for scheduling.
Please tell why you are interested in applying as an after school program staff member.
Are you able to work on early dismissal days (approx. 10 days during school year) from 11:30 am or 1:30 pm?

CHRISTIAN LIFE	
Year of conversion:	Year of baptism:
Past church membership (in last 20 years):	
Are you a member of New Castle Bible Church? NCBC?	How long have you attended at
Are you familiar with the doctrinal statement, mission, and core values of NCBC? yes no Mission, Values, Beliefs New Castle Bible Church (myncbc.org)	
Are you able to support & uphold the doctrines, mission, and core values of NCBC? yes no If no, please explain.	
Please provide a brief summary of your Christian testimony.	
How would you say you have grown spiritually since becoming a Christian?	
What do you believe are your spiritual gifts? How would you like to use them in serving children?	

REFERENCES	
Please submit 3 references who have been a supervisor, colleague, or pastor. No relatives.	
Name:	
Years Known:	Phone Number:
Position/Title:	

Name:	
Years Known:	Phone Number:
Position/Title:	

Name:	
Years Known:	Phone Number:
Position/Title:	

SIGNATURE PAGE

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or omissions on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, I am subject to the policies contained in the New Castle Bible Church After School Program manual and a 90 day observation period. I further understand that this application is not a contract of employment, nor a legal document, and nothing contained herein creates a contract between New Castle Bible Church and me.

I consent to New Castle Bible Church conducting criminal records background checks, as long as the results are kept confidential. I authorize the appropriate law enforcement agencies to release information pertaining to any record or file maintained on me and release said agency from any and all liability resulting from such disclosure. I understand that if any checks and clearances are denied, I will not receive employment from New Castle Bible Church After School Program.

Applicant Signature: _____

DATE: _____