

Dear Applicant,

Thank you for your interest in employment with the Preschool Ministry at Olive Baptist Church. We look forward to talking with you about your qualifications.

To facilitate the interview process, we ask that you please bring the following items with you to your appointment:

1. Driver's License *or* copy of your Birth Certificate
2. Social Security Card
3. Deposit slip or voided check with bank routing number

Please be advised that a complete background check, reference check, and drug screen test are all required as a condition of employment. If hired, you will also be asked to purchase an employee shirt for \$10.00. Additional shirts may be purchased for \$5.00 each.

Your interview is scheduled as follows:

Date _____

Time _____

If you have any questions or need to re-schedule, please call the number circled below.

Thank you,

Nancy Savage
Weekday Assistant
850-475-1134

For Office Use

Applicant's Name: _____ Phone: _____

Interview Date: _____ Time: _____

Qualifications for Child Care Employees

1. Must be a saved, active member of a church and able to share a personal testimony of salvation. Sunday leaders must be members of Olive.
2. Must be supportive of Olive's Pastor and church leadership.
3. Must be at least sixteen (16) years of age to work with ages Toddler through Pre-K.
4. Must be at least eighteen (18) years of age to work in Baby Suite.
5. Must provide two character references, receive a clear drug test, and be screened according to "Level 2" background screening standards.

Standards of Conduct and Responsibilities of OBC Child Care Employees

1. Represent your Savior, church, and preschool ministry in a favorable manner through Christ-like dress, behavior, and speech. Employees should not have tattoos that are offensive or distracting, and should remove visible body piercings (except earrings) while at work. All clothing should be neat, clean, and modest in appearance. Employee shirts must be worn during each shift except on Sunday mornings. Jeans may not be faded, torn, or have an overly worn appearance. Walking shorts are acceptable dress *only* when permission to wear them is granted by a supervisor. Finally, because preschool leaders serve as role models while at church *and* in the community, it is vitally important that OBC's child care staff abstain from the use of alcohol, tobacco, and illegal drugs, while keeping all conduct and behavior above approach.
2. Be prepared to cheerfully receive children at least fifteen minutes before each session or service. Greet preschoolers and their parents with a smile making sure that all security procedures are followed.
3. Attend church services and/or Bible classes faithfully.
4. Provide age-appropriate learning opportunities for children through hands-on activities, Bible stories, music, prayer, and recreation.
5. Attend leadership and training meetings as scheduled.
6. Sanitize classroom surfaces and toys after each session using the specified products and procedures.
8. Check/change the diapers of young preschoolers at least once during each hour according to OBC's diaper changing policies. Provide toileting opportunities for older children, and record all infant/toddler feedings, naps, and diaper changes in each room's notebook.
9. Call the appropriate supervisor immediately if unable to serve due to illness or emergency.
10. Request vacation time at least ten days in advance or secure a substitute when less than ten days is given. Provide at least two (2) weeks' notice when terminating employment.



Preschool Employment Application

Today's Date _____

I. Personal Data

Name (Last) _____ (First) _____ (Middle) _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell _____

Emergency Contact _____ Phone _____

Have you ever been arrested? _____ If yes, please explain _____

Have you ever been a defendant in a civil action? _____ If yes, please explain _____

II. Education

High School Diploma or GED: yes _____ no _____ If yes, where? _____

University or College: yes _____ no _____ If yes, did you graduate? _____

Degree _____ School/Location _____

Seminary or Graduate Work: yes _____ no _____ If yes, did you graduate? _____

Degree _____ School/Location _____

III. Employment History (please list previous employers starting with most recent first)

Have you ever held a child care license with the Department of Children and Families or been registered to provide child care in your home? _____ Yes _____ No

While employed at a child care facility, have you ever been the subject of disciplinary action, or been partly responsible for the facility receiving an administrative fine or other disciplinary action? _____ Yes _____ No

If yes, please explain: _____

Previous Employer _____ Phone _____

Address _____

Starting and Ending Dates _____ Title/Function _____

Supervisor _____ May we contact this employer? _____

Reason for leaving _____

Previous Employer _____ Phone _____
Address _____
Starting and Ending Dates _____ Title/Function _____
Supervisor _____ May we contact this employer? _____
Reason for leaving _____

Previous Employer _____ Phone _____
Address _____
Starting and Ending Dates _____ Title/Function _____
Supervisor _____ May we contact this employer? _____
Reason for leaving _____

IV. Church Life

Are you a member of a church? _____ If so, where? _____
Are you a Christian? _____ If so, please explain how and when you accepted Jesus Christ as your personal Savior _____

V. Health

How would you describe your general health? _____
Hearing? _____ Eyesight? _____ Physical Impairment? _____

VI. Character References (please do not list relatives or former employers)

Name _____ Years known _____
Phone _____ Relationship (co-worker, friend, etc.) _____
Name _____ Years known _____
Phone _____ Relationship (co-worker, friend, etc.) _____

Release Authorization and Drug Free Workplace Notification

Olive Baptist Church is a drug-free workplace. If you are offered employment, you will be asked to take a drug test and agree to background screening. Refusal to submit to a drug test, a positive confirmed test result, or a disqualifying offense on your background screening will be used as a basis to reject you for employment. OBC employees are also subject to random drug testing.

I hereby authorize any person bearing this release to obtain information from schools, residential management agents, employers, criminal justice agencies or individuals relating to my activities. This information may include, but is not limited to academic, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request to the bearer. I hereby release any individual or record custodians from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance or any attempts to comply with this authorization.

Signature _____ Date _____

Confidential

Olive Baptist Church Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____
(Maiden) Year Married

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

Are you a member of Olive Baptist Church? YES Since: NO

Area of Ministry/Service: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Olive Baptist Church** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Olive Baptist Church** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **Olive Baptist Church**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____



AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of _____

Before me this day personally appeared _____ who, being duly sworn, deposes and says: (Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with _____, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

- Relating to:
- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct :
 - Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
 - Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
 - Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
 - Section 782.04 murder
 - Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
 - Section 782.071 vehicular homicide
 - Section 782.09 killing an unborn quick child by injury to the mother
 - Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
 - Section 784.011 assault, if the victim of offense was a minor
 - Section 784.03 battery, if the victim of offense was a minor
 - Section 787.01 kidnapping
 - Section 787.02 false imprisonment
 - Section 787.025 luring or enticing a child
 - Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
 - Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
 - Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
 - Section 790.115(2)(b) possessing an electric weapon or device, destructive device, or other weapon on school property
 - Section 794.011 sexual battery
 - Former Section 794.041 prohibited acts of persons in familial or custodial authority
 - Section 794.05 unlawful sexual activity with certain minors
 - Chapter 796 prostitution
 - Section 798.02 lewd and lascivious behavior
 - Chapter 800 lewdness and indecent exposure
 - Section 806.01 arson
 - Section 810.02 burglary
 - Section 810.14 voyeurism, if the offense is a felony
 - Section 810.145 video voyeurism, if the offense is a felony
 - Chapter 812 theft and/or robbery and related crimes, if a felony offense
 - Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
 - Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
 - Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
 - Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
 - Section 826.04 incest
 - Section 827.03 child abuse, aggravated child abuse, or neglect of a child
 - Section 827.04 contributing to the delinquency or dependency of a child
 - Former Section 827.05 negligent treatment of children
 - Section 827.071 sexual performance by a child
 - Section 843.01 resisting arrest with violence

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| | |
|-------------------|---|
| Section 843.025 | depriving a law enforcement, correctional, or correctional probation officer means of protection or communication |
| Section 843.12 | aiding in an escape |
| Section 843.13 | aiding in the escape of juvenile inmates in correctional institution |
| Chapter 847 | obscene literature |
| Section 874.05(1) | encouraging or recruiting another to join a criminal gang |
| Chapter 893 | drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor |
| Section 916.1075 | sexual misconduct with certain forensic clients and reporting of such sexual conduct |
| Section 944.35(3) | inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm |
| Section 944.40 | escape |
| Section 944.46 | harboring, concealing, or aiding an escaped prisoner |
| Section 944.47 | introduction of contraband into a correctional facility |
| Section 985.701 | sexual misconduct in juvenile justice programs |
| Section 985.711 | contraband introduced into detention facilities |

THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for “Mental Health Personnel” screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to “Mental Health Personnel” as determined pursuant to Section 408.809, F.S. as listed below:**

| | |
|---------------------|--|
| | <u>Relating to:</u> |
| Chapter 408 | felony offenses contained in Chapter 408 |
| Section 408.8065(3) | offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application |
| Section 409.920 | Medicaid provider fraud |
| Section 409.9201 | Medicaid fraud |
| Section 817.034 | fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems |
| Section 817.234 | false and fraudulent insurance claims |
| Section 817.505 | patient brokering |
| Section 817.568 | criminal use of personal identification information |
| Section 817.60 | obtaining a credit card through fraudulent means |
| Section 817.61 | fraudulent use of credit cards, if the offense was a felony |
| Section 831.01 | forgery |
| Section 831.02 | uttering forged instruments |
| Section 831.07 | forging bank bills, checks, drafts or promissory notes |
| Section 831.09 | uttering forged bank bills, checks, drafts, or promissory notes |
| Section 831.30 | fraud in obtaining medicinal drugs |
| Section 831.31 | the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony. |

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at _____ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

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I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses**. I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: _____

Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: _____

Sworn to and subscribed before me this ____ day of _____, 20__.

SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

(Print, Type, or Stamp Commissioned Name of Notary Public)
(Check one)

Affiant personally known to notary

OR

Affiant produced identification
Type of identification produced: _____

Job Applicant Drug Testing Information

Location: Professional Health
Jefferson Office Park
3298 Summit Blvd., Suite 33
434-6168

Procedure: Applicant should take a photo ID and tell the company they are from Olive Baptist Church and ask them to write "Preschool" on the form they will fax.

Cost: Olive will pay for the initial drug screening. If the test is "positive" and has to be sent to the lab, the applicant will assume responsibility for the cost [\$20].

Over-the-Counter and Prescription Drugs That May Alter or Affect the Outcome of a Drug Test

Alcohol:

All liquid medications containing ethyl alcohol (ethanol)

Amphetamines:

Obetrol, Biphedamine, Desoxyn, Dexedrine, Didrex

Cannabinoids (marijuana):

MARinol (Dronabinol, THC)

Cocaine:

Cocaine HCl topical solution (Roxanne)

Opiate:

Paregoric, Parepectolin, Donnagel PG, Tylenol with Codeine, Empirin with Codeine, Aspirin with Codeine, Robitussin AC, Guiatuss AC, Novahistine DH, Novahistine Expectorant, Dilaudid (Hydromorphone), MS Contin and Roxanol (morphine sulfate), Pecodan, Vicodin, etc.

Barbiturates:

Phenobarbital, Tuinal, Amytal, Nembutal, Seconal, Lotusate, Florinal, Floricet, Esgic, Butisol, Mebaral, Butabarbital, Phrenilin, Triad, etc.

Benzodiazepines:

Ativan, Azene, Clonopin, Dalmane, Diazepam, Bibrium, Xanax, Serax, Traxene, Valium, Verstran, Halcion, Poxipam, Restoril, Centrax

Methadone:

Dolophine, Methadose

Propoxyphene:

Darvocet, Carvon N, Dolene, etc.

****Please report to the testing technician any prescribed or over-the-counter medications you have taken during the past thirty days.**

Preschool Schedule Availability

**Circle the shifts for which you are not available to work. Please note that the below listing does not necessarily indicate that there is an opening in that particular ministry.*

Name _____

Age Preference _____

| Day of Week | Morning Shifts | Evening Shifts |
|--------------------|--|---|
| Sunday | Worship Care 9:00 AM - 11:00 AM <i>or</i> 10:30 AM – 12:30 PM | Childcare 5:30 PM – 7:30 PM |
| Monday | Aerobics/Bible Study 8:45 AM – 12:15 PM | |
| Tuesday | Mothers' Day Out 8:15 AM – 1:45 PM | MEW/Aerobics Care 6:45 PM – 8:45 PM |
| Wednesday | Aerobics/Bible Study 8:45 AM – 12:15 PM | Childcare for Bible Studies and Choir 5:30 PM – 8:45 PM |
| Friday | Aerobics/Bible Study 8:45 AM – 12:15 PM | MEW/Aerobics Care 6:45 PM – 8:45 PM |