



Church of God at Southaven  
 700 East Church Road  
 Southaven, MS 38671

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

**APPLICATION FOR EMPLOYMENT**  
 AN EQUAL OPPORTUNITY EMPLOYER

**INTRODUCTION**

COGS is a full-service, Christian-learning center. Our vision is to provide a vital community ministry in order to develop strong Christian families. We are looking for employees who have a strong Christian commitment in teaching children about Jesus, as well as meeting academic goals.

The COGS Learning Center is an outreach ministry of the Church of God. The purpose of our existence is to share the saving knowledge of Jesus in an ecumenical manner to the children and their families in our community.

We believe that Jesus Christ is the only begotten Son of God, that He died on a cross to save us from our sin, that He rose from the grave three days later, and if anyone believes in Him and repents of their sins they can have eternal life.

Our goal is to teach children about God through personal example, Biblical stories, Christian music, and leading children in prayer. We want to support parents from varied Church denominations in teaching their children about God.

If employed, you will be expected to perform at the level that rates among the highest in the nation. We will give you the tools and the training you need to perform at your peak. Thank you for considering COGS for your employment needs.

**APPLICANT'S AFFIRMATION**

In applying for a position at COGS, I affirm the following:

1. I am able to perform adequately the job duties for which I am applying.
2. I do not have a criminal record.
3. I have never abused, neglected or deprived a child or adult or subjected any person to serious injury as a result of intentional or grossly negligent misconduct.
4. I will comply with all state requirements for initial and continued certification.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRUG POLICY**

COGS does not hire persons who use illegal drugs. Persons hired may be required to take and pass a strict screen for illegal drugs and may be subject to periodic tests for illegal drugs. We also restrict the use of tobacco and alcohol products on the premises.

I certify that I (check one) do \_\_\_\_\_ do not \_\_\_\_\_ use illegal drugs.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE ONLY**

Pay Rate \_\_\_\_\_ Start Date \_\_\_\_\_ 1<sup>st</sup> Raise \_\_\_\_\_ 2<sup>nd</sup> Raise \_\_\_\_\_ 3<sup>rd</sup> Raise \_\_\_\_\_

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Other No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Emergency Number \_\_\_\_\_

Are you or have you been known by a different name, if so, please indicate: \_\_\_\_\_

Have you ever applied for employment or been employed at COGS? **Y N**

Do you have any relatives or friends working at COGS? **Y N**

Are you currently on layoff status, leave of absence or other suspension of employment and subject to recall with another employer? **Y N**

Have you ever been convicted of a crime? **Y N**

Have you ever served in any branch of the United States armed forces? **Y N**

If you answered YES to any of the above, include details below:

\_\_\_\_\_

Are you at least 18 years of age? **Y N**

How did you hear about us? Friend/Relative \_\_\_\_\_ Drive-by \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

**LEVEL OF EDUCATION**

Name	City/State	Years	Degree	Area of Study
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Trade/Vocational _____	_____	_____	_____	_____

Are you current in First Aid or CPR training? \_\_\_\_\_

Do you hold any certificates in Child Care Training? \_\_\_\_\_

**POSITIONS APPLYING FOR**

What position are you applying for? **Lead Teacher Asst. Teacher Cook Bus Driver**

Employment desired? **Full Time Part Time** Hours \_\_\_\_\_

Preferred Age Group? **Infants Ones Twos Threes Fours After school**

Salary Expected: \$ \_\_\_\_\_ per hour

Do you have your own vehicle? **Y N**

Will you need childcare? **Y N** Ages: \_\_\_\_\_

\*We offer a discounted rate for fulltime employees.

Would you be willing to participate in training programs for teachers? **Y N**

Are you involved in any activities that would affect your attendance? **Y N** List \_\_\_\_\_

**OFFICE ONLY**

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**PREVIOUS EMPLOYMENT**

List each job held starting with the most current. Explain any gaps in the space below.

Dates of Employment		Company Name	Job Title / Responsibilities	
Starting Pay	Ending Pay	Address	Supervisor	Phone #
Reason for Leaving				

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Dates of Employment		Company Name	Job Title / Responsibilities	
Starting Pay	Ending Pay	Address	Supervisor	Phone #
Reason for Leaving				

Please explain any employment gaps.

List any other experience or training that would be applicable to your application:

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**REFERENCES**

List two **personal** references that do not live with you and not related to you and one **pastoral** reference.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**OFFICE ONLY**

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**AGREEMENT and AFFIRMATION**

**Please read the following carefully and sign the space provided.**

I affirm that the facts in this application (and any other accompanying documents) are correct and complete to the best of my knowledge. I agree and understand that any misrepresentation of information or failure to disclose information during the employment process may disqualify me from further consideration for employment and if employed, will subject me to dismissal. If I am offered employment, I understand I may be required to submit to a physical examination designed to determine whether I am able, with or without reasonable accommodation, to perform the essential functions of the job offered, as specified by COGS, and that final acceptance for employment is subject to me successfully passing this physical examination. I further understand that any misrepresentation of information or failure to disclose information at the time of my physical may result in employment disqualification or dismissal.

If employed, I agree to conform to all COGS rules and regulations and all Federal, State and local rules and regulations. I also understand that if employed, my employment is for an indefinite period of time, that either COGS or I may terminate my employment at will at any time, with or without cause or notice. I hereby disclaim the existence of any contact of employment, either express or implied.

This Agreement contains and represents the entire agreement between COGS and me concerning the topics discussed herein. There are no oral or collateral agreements of any kind concerning such topics. I further understand that this Agreement cannot be orally modified and that any subsequent modification of this Agreement including the at-will state of employment I seek, must be in writing and duly executed by COGS.

I certify that I am a true and bona fide job applicant honestly interested in the positions for which I have applied, and am seeking employment with COGS solely to provide me the benefits of a job and for no other purpose.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I understand COGS and its agents may investigate or seek information concerning my background and/or previous employment. I further agree and understand that if employed, COGS may at any time seek any information from whatever source, which, in its discretion, deems relevant to my employment. Accordingly, I hereby authorize the previous employers and references listed in my application, any medical facility or related personnel, or any other source contacted by COGS to give COGS any and all information they may have, personal or otherwise. I hereby release COGS and it's agents, any previous employers, any medical facility or related personnel, any other persons or entities whatsoever involved in such an investigation or inquiry from all liability of any kind, including any damages on account of the furnishing of such information.

*I further understand that my Criminal Records Check will be sent in on the date of hire and my employment at COGS may be determined if my records check is not in compliance with State and Child Care standards. I also understand that my previous employment and my personal references will be checked.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE ONLY**

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