SPRING VALLEY BAPTIST
PRESCHOOL

Katie Smoak, SVBP Director
ksmoak@springvalleybaptist.com
803-609-6390 (cell)

Thank you for your interest in working at Spring Valley Baptist Preschool! I look forward to reviewing your application. Once your application is reviewed, I will set up a time for an interview. There are two options for filling out the application. Please choose which one works best for you and if you have any questions, please do not hesitate to ask. 🙂

Option #1: Electronic Application

1. The application is attached as a PDF. Download the PDF and save it to your computer.
   Save Application As: Last Name, First Name
2. Fill out the application electronically. It works best and is easiest if you fill out the form from your computer.
3. Send completed application back to me as an attachment to ksmoak@springvalleybaptist.com.

Tips When Filling Out Application From An iPhone:

- If you are trying to fill out the application from your iPhone, you may need to hit the download/more button ⎙.
- You will need to select MarkUp and make sure the pencil tool is turned off. At that point you should be able to click in the fields and begin typing.
- Once completed, save as PDF and email back to me.

Option #2: Paper Application

You are welcome to print this application and fill out manually if that works better. You can set up a time to drop it off with me at the Preschool Office.

SPRING VALLEY BAPTIST
PRESCHOOL

Katie Smoak, Preschool Director
91 Polo Road Columbia, SC 29223
Work (803)736-7710 Cell (803)609-6390
preschool@springvalleybaptist.com

APPLICATION FOR EMPLOYMENT

Full Name:

Street Address:

City: **State:** **Zip:**

Cell Phone: **Home/Other Phone:**

Date of Birth: **Social Security Number:**

Email Address:

Preference for Position Desired:
(Please check all positions that you are willing to work in)

☐ Lead Teacher ☐ Music Teacher
☐ Assistant Teacher ☐ Substitute/Volunteer

Please Order Age Group Preference:
(1 being most preferred - 4 being least preferred)

___ Ones (1K) ___ Threes (3K)
___ Twos (2K) ___ Fours (4K)

Church Affiliation:

Are you a Christian? Yes ☐ No ☐ Are you a Church Member? Yes ☐ No ☐

Name of Church to which you belong: _____

Church Address: _____

Church Participation Activities: _____

Education:

High School: _____ City: _____ State: _____

Diploma? Yes ☐ No ☐ Date Diploma Earned: _____

University: _____ City: _____ State: _____

Degree: _____ Date Degree Earned: _____

Major: _____ Minor: _____

Certifications: _____

What **INSPIRED** you this week? How? Why? Please be specific.

Special Training/Experiences:

Further Study: _____

List any volunteer work that you have done with children: _____

_____

Special talents or skills (music, art, drama, computer, etc.): _____

_____

Please check any CURRENT health and safety certifications you hold and provide expiration dates:

First Aid ☐ Expires _____ CPR ☐ Expires _____

AED ☐ Expires _____ Blood-borne Pathogens ☐ Expires _____

If you could eliminate **ONE** thing from your daily schedule what would it be? Why?

What **CHALLENGED** you this week? How? Why? Please be specific.

Record of Employment:

Month/Year	Employer	Supervisor Name/Position/Phone Number	Position Held	Specific Reason for Leaving
From: To:				
Month/Year	Employer	Supervisor Name/Position/Phone Number	Position Held	Specific Reason for Leaving
From: To:				
Month/Year	Employer	Supervisor Name/Position/Phone Number	Position Held	Specific Reason for Leaving
From: To:				

Describe how you have handled a challenging **DISCIPLINE** situation with a preschool aged child.

Do you have a favorite Bible **VERSE** that touches you? Please share what it is and why it touches you.

REFERENCES:

Reference #1 Name:	**Position:**
Email Address:	**Cell Phone:**
Reference #2 Name:	**Position:**
Email Address:	**Cell Phone:**

Applicant's Statement:

1. Any person who has been convicted of a crime enumerated in Subsection (A) of the S.C. Code of Laws, Chapter 7, Section 20-7-2725 who applies for employment with, is employed by, or seeks to provide caregiver services in, or is a caregiver at such facility, is guilty of a misdemeanor, and upon conviction, must be fined not more than five thousand dollars, or imprisoned not more than one year, or both.
2. No childcare facility may employ a person, engage the services of or knowingly allow a person in the child care facility during normal hours of operation who is required to register under the Sex Offender Registry Act pursuant to S.C. Code of Laws Section 23-3-430 or who has been convicted of:
   (i) A crime listed in S.C. Code of Laws Chapter 3 of Title 16, Offenses Against the Person;
   (ii) A crime listed in S.C. Code of Laws Chapter 15 of Title 16, Offenses Against Morality and Decency;
   (iii) The crime of contributing to the delinquency of a minor, contained in S.C. Code of Laws Chapter 17 of Title 16 at Section 16-17-490;
   (iv) The felonies classified A through F in S.C. Code of Laws Chapter 1 of Title 16 at Section 16-1-10A;
   (v) The offenses enumerated in Chapter 1 of Title 16 Section 16-1-10D; or
   (vi) A criminal offense similar in nature to the crimes listed in this subsection committed in other jurisdictions or under federal law.
3. I have never been shown by credible evidence, e.g. a court or jury, a department investigation or other reliable evidence to have abused, neglected or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct.
4. I am aware that the following is to be provided by myself and that additional requirements may be asked of me.

<u>All Applicants</u>:

- Educational Level Verified
- SLED Background Check
- DHEC 1420 (Tuberculosis Test)
- Employment Eligibility Verification (DOJ I-9)

<u>Regularly Employed Staff Only</u>:

- Employee's Withholding Allowance Certificate (W-4)
- CPR:Infant/Child Training Certification (upon approval paid for by SVBP)
- First Aid Training Certification (upon approval paid for by SVBP)
- Blood-borne Pathogens Exposure Control Plan and Training (upon approval paid for by SVBP)

5. I am aware that if I am hired as a regularly employed staff member of SVBP I will need to complete 10-15 hours of training that will be required annually. This training will include CPR and First Aid Certifications, and Blood-Borne Pathogens training.
6. I certify that answers given herein are true and complete to the best of my knowledge.
7. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.
8. In the event of employment, I understand that false or misleading information given in my application or interview may result in termination. I understand that I am required to abide by all rules and regulations of the program as set by the Spring Valley Baptist Preschool Director or her designee.

Signature: _____ Today's Date _____ Start Date: _____

(For Office Use Only)

_____ Educational Level Verified _____ SLED Background Check _____ DHEC 1420 _____ DOJ I-9 Form _____ W-4 Form

_____	_____	_____
DIRECTOR'S SIGNATURE	TODAY'S DATE	START DATE