MOPS Kids Worker Application



MOPS KIDS

We love MOPS Kids! Our goal is to create a safe, nurturing environment for all children. We will engage with stories, songs, and age-appropriate play. Thank you for your interest in investing in the lives of moms by helping care for their MOPS Kids. Your answers to the following questions will be kept in strict confidence.

MOPS Childcare workers will be paid \$16.00/hour working a maximum of 2.5 hours/week.

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Full Legal Name (First, Middle, Last):	
Street Address:	
City, State, Zip:	
Email:	
Cell Number:	Other Phone:
Date of Birth:	
Driver's License State:	Driver's License #:
Social Security Number:	
Have you used a name other than above?	□ Yes □ No
If so, please list and explain:	
How did you hear about MOPS Kids?	
Have you ever served in other MOPS Kids (form If so, at which organization? Dates served:	erly called MOPPETS) programs? ☐ Yes ☐ No

Why do you want to serve in the MOPS Kids min	istry?
How would you like to serve in MOPS Kids?	
Tell us about your previous work with children.	
Tell us about other experience or education that	may have prepared you to work with MOPS Kids.
Have you been trained or certified in CPR? ☐ Y Which age group do you prefer to work with?	es □ No If yes, when?
 □ Infants: newborn to 6 months □ Infants: 7-12 months □ Toddlers: 12-24 months □ Toddlers: 24 months – 3years 	 □ Preschoolers: 4 years □ Preschoolers: 5 years □ Kindergartners: 6 years □ Older children □ No preference
Please explain any physical limitations or person MOPS Kids program.	al situations that would impact your work with the
Do you regularly attend a church: ☐ Yes ☐ No	If yes, where?
How would you describe your relationship with Je	esus?

Please list three personal references.

	Reference 1	Reference 2	Reference 3	
Name:				
Dhono				
Phone:				
Email:				
Linaii.				
Relationship:				
'				
While it is not or	ur intent to unnecessarily pr	y into your personal life, we are le	egally responsible to ask	
some questions	concerning your backgroun	nd. Your responses will be held in	the strictest of confidence	
and may be veri	ified through an independen	t background check.		
Have you ever been convicted of a crime? ☐ Yes ☐ No				
		than a minor traffic offense, plea		
		ce served (including dates and lo		
omicer's name a	nd contact information, and	any other facts or circumstances	s you can provide.	
Have you ever h	seen convicted of child abus	se or a crime involving actual or a	ttempted sevual molestation	
or a minor? ☐ Y		se of a crime involving actual of a	ittempted sexual molestation	
or a minor? \square Y	es 🗆 No			
If yes please ex	volain			
If yes, please explain.				
Are vou willing t	o be fingerprinted? ☐ Yes	□ No		
Are you willing to be fingerprinted? ☐ Yes ☐ No				
Applicant's Signature:				
Date Signed:				
Please Note: Acceptance of this application does not constitute a contract of employment and is not a				
commitment of any kind to the applicant.				
For MOPS Lea	dership Use:			
Date Received:				
Date Refevren	ces Checked: #1:	#2 #3		