



# ANGELS OF MINE CHILDCARE

349 FOUNTAIN STREET, HAVRE DE GRACE, MD 21078

## EMPLOYMENT APPLICATION

Full name:	_____	Date:	_____
	<i>Last First M.I.</i>		
Address:	_____	Phone:	_____
	<i>Street address Apt/Unit #</i>		
	_____	Email:	_____
	<i>City State Zip Code</i>		

Date Available:	_____	S.S. no:	_____	Desired salary:	\$ _____
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Position applied for: \_\_\_\_\_

Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever worked for this company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____
Have you ever been shown by credible evidence, e.g., a court order 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 because of intentional or grossly negligent misconduct?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain? _____
Can you perform the essential function of the position for which you are applying?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, explain? _____
Do you have a valid driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide license number/class _____
Have you had CPR and first aid training within the past two years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide expiration date? _____
Have you attended any childcare training courses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please list them _____
Maryland licensing department requires annual childcare training, are you willing to participate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Education

High school:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma:	
College:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	
Other:			Address:				
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:	

References

Please list three professional references.

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

  

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

  

Full name:		Relationship:	
Company:		Phone:	
Address:		Email:	

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

  

Company:		Phone:	
Address:		Supervisor:	
Job title:		From:	To:
Responsibilities:			
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Disclaimer and signature

I hereby certify that all the information provided in this employment application is true and complete. I understand that false information or the omission of information may disqualify my candidacy and may be grounds for termination. I further understand that I am applying to a Drug Free Workplace and may be required to submit to testing for the presence of drugs as a condition for employment.

Signature:	_____	Date:	_____
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