



ANGELS OF MINE CHILDCARE

EMPLOYMENT APPLICATION

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address Apt/Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

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"/>	Yes <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 No

Education

High school:

Address:

From:

To:

Did you graduate?

Yes

No

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes

No

Degree:

Other:

Address:

From:

To:

Did you graduate?

Yes

No

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 No

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: _____