



Montgomery Child Care Association

APPLICATION FOR EMPLOYMENT

Please let Human Resource Manager or Center Director know if you require assistance completing this application.

NAME _____ DATE _____

ADDRESS _____

STREET

CITY/STATE

ZIP CODE

TELEPHONE: HOME _____ WORK _____ OTHER _____

SOCIAL SECURITY NUMBER _____ ARE YOU A U.S. CITIZEN YES ___ NO ___

If no, are you legally eligible for employment in the U.S.? YES ___ NO ___

If employed, you will be required to fill out an I-9 form and provide supporting documentation.

POSITION APPLIED FOR:

Teacher _____ Aide _____ Substitute _____ Bus Driver _____ Other _____

Are you at least 16 years of age? YES ___ NO ___, At least 20 years of age? YES ___ NO ___

AVAILABILITY:

Mon./Hours _____ Tues./Hours _____ Wed./Hours _____ Thurs./Hours _____ Fri./Hours _____

Date available to start: _____

Salary Requirements: _____

Center or Centers Preferred: _____

Have you ever worked at Montgomery Child Care Association? YES ___ NO ___ DATE _____

Please list name, address, and phone number of person to be notified in case of an emergency.

Name:

Address:

Phone:

List your present or most recent employer first.

1. Company Name: Supervisor: Phone #:
Address: Employment Dates (months)
From: To:
Job Title and describe your work: Last rate of pay:
Reason for leaving:

2. Company Name: Supervisor: Phone #:
Address: Employment Dates (months)
From: To:
Job Title and describe your work: Last rate of pay:
Reason for leaving:

3. Company Name: Supervisor: Phone #:
Address: Employment Dates (months)
From: To:
Job Title and describe your work: Last rate of pay:
Reason for leaving:

List any volunteer or student teaching experience you have had with children:

Have you ever been convicted of a crime? YES _____ NO _____

If yes, describe the circumstances:

Conviction is not an automatic bar to employment; all circumstances will be considered.

EDUCATION

Name and Location of School

Subjects Studied/or Degree (s) Received

Secondary School: _____

College: _____

Other: _____

Have you completed the "90-Hour Course", "45-Hour Course", or college level courses in child development, child psychology, or early child curriculum? Yes ____ No ____ If yes, please list courses and dates

For reference purposes, have you ever worked or been educated under another name?

YES ____ NO ____ If YES, please give name _____

Please list three professional references:

1. Name _____ Day Time Phone: _____

Company _____ Address _____

2. Name _____ Day Time Phone: _____

Company _____ Address _____

3. Name _____ Day Time Phone: _____

Company _____ Address _____

Employment with MCCA is "at will". Employment is not fixed in length and can be terminated at any time with or without cause at the discretion of MCCA at any time.

All qualified applicants will receive consideration for employment without regard to race, color, sex, sexual orientation, national origin, religion, age, marital status, physical or mental disability, or veteran status. MCCA will do its best to accommodate any known disability of any employee.

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100."

I certify that the statements I have made in this application are true, accurate, and complete to the best of my knowledge. I understand any misrepresentation or omission in this application will be sufficient grounds for rejection of the application or termination of employment without notice at any time hereafter. If employed, I agree to familiarize myself with all Association rules and regulations and to abide by them.

I authorize present and former employers and individuals I have listed as personal references, to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

I also release MCCA from any liability related to information received that is used to arrive at an employment decision.

I understand that all candidates for child care position are required by State law to undergo a Federal and State criminal background investigation as a condition of employment.

Employees of Montgomery Child Care Association must submit evidence of recent satisfactory physical exam by a physician and proof of freedom from tuberculosis prior to employment.

SIGNATURE

DATE

Please let us know how/where you heard of this position and/or MCCA:

School _____ Paper (which one) _____ MCCA Employee _____ Other/Explain _____