



ROCKVILLE DAY CARE ASSOCIATION, INC.
 622 Hungerford Drive Suite 26
 Rockville, Maryland 20850
 (301) 762-7420 voice (301)762-3631 fax
 www.rockvilledaycare.org



APPLICATION FOR EMPLOYMENT

All employment applications will be maintained for 90 days

We are an equal opportunity employer

Date of Application: _____

Name: _____ (maiden/other name): _____

Address: _____

Telephone: Home#: _____ Alternate #: _____

May we contact you at work? _____ If yes, number & best time to call: _____

Are you eligible for employment in the U.S.A.? _____ Document I.D.# (if applicable): _____

Referral Source: Advertisement Employee Relative Employment Agency
 Walk-in Other _____

Name of Source (if applicable): _____

POSITION(S) APPLIED FOR: _____

Child Care Center where application is being made (if applicable): _____

Type of employment desired: Full Time Part Time Substitute Summer Only

Dates available for work: From _____ To _____ Days/Hours _____

Have you worked for this Association before? Yes No When _____ Center _____

Have you applied to this Association before? Yes No When _____ Center _____

The Maryland State Department of Education - Office of Child Care (MSDE-OCC), as the licensing agency, requires certain minimum qualifications for specific staff positions in group day care centers. Please help us determine what position(s) you qualify for by answering all questions that apply: (documentation will be required)

Are you over 16 years of age? Yes No Are you over 19 years of age? Yes No

Do you have a high school diploma or equivalency? Yes No

Have you completed the "90 Hour ECE (Early Childhood Education) Course"? Yes No

Have you completed the "45 Hour Infant/Toddler Course"? Yes No

Have you completed the "90 Hour School Age Course"? Yes No

Are you currently certified in: **First Aid?** Yes No **Infant/Child CPR?** Yes No

EDUCATIONAL BACKGROUND

A. List last three schools attended, starting with the most recent.

B. List number of years completed at each institution.

C. Indicate degree or diploma: (if applicable; Associate of Arts (AA), Bachelor of Arts or Science (BA or BS), Masters (MA).

D. & E. Major and minor field of study (if applicable).

A. School	B. Years	C. Degree	D. Major	E. Minor

Have you taken any college course(s) relating to Early Childhood Education, Elementary Education, Child Psychology, Human Growth & Development, Recreation, or Physical Education?

(Copy of transcripts may be required depending on position applied for)

Yes No If yes, please list applicable course(s): _____

List any foreign language(s) you know and describe your skill level: _____

VOLUNTEER EXPERIENCES (Please list any volunteer experience working with children):

Organization	Telephone	Summarize your job responsibilities
Volunteer Title		
Immediate Supervisor and Title		
Dates Volunteered		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Organization	Telephone	Summarize your job responsibilities
Volunteer Title		
Immediate Supervisor and Title		
Dates Volunteered		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

List your last three employers, starting with the most recent. Explain any gaps in employment in comments section below.

Present Employer	Telephone	Dates Employed		Summarize your job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title		Last Rate of Pay		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date				
Previous Employer	Telephone	Dates Employed		Summarize your job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title		Last Rate of Pay		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date				
Previous Employer	Telephone	Dates Employed		Summarize your job responsibilities
Address		From	To	
Job Title				
Immediate Supervisor and Title		Last Rate of Pay		
Reason for Leaving		\$	Per	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date				

Comments (including explanation of any gaps in employment): _____

PROFESSIONAL REFERENCES Please list two (2) professional references (employer or supervisor).

Name	Telephone
Position	Company
Address	
Name	Telephone
Position	Company
Address	

