



ROCKVILLE DAY CARE ASSOCIATION, INC. (RDCA)
 622 Hungerford Drive, Suite 26
 Rockville, Maryland 20850

(301) 762-7420 voice

(301)762-3631 fax

Website: www.rockvilledaycare.org

Email: info@rockvilledaycare.org



APPLICATION FOR EMPLOYMENT

Date of Application: _____ *(applications are maintained for 90 days)*

APPLICANT Name: _____ (maiden name or alias): _____

Address: _____

Telephone: Primary#: _____ Alternate #: _____

Best time to contact you: _____ Email: _____

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

Referral Source: Job Advertisement RDCA Website Employee Relative
 Walk-in Other _____

Name of Source *(if applicable)*: _____

POSITION(S) APPLIED FOR: _____

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

Days and hours available to work: _____

Date available to start work: _____ End Date *(if applicable)*: _____

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

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

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) Certification"? Yes No

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

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

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

Medication Administration? Yes No **Other** (please list): _____

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

EDUCATIONAL BACKGROUND

List last three schools attended, starting with the most recent. Note degree received: Associate of Arts (AA), Bachelor of Arts or Science (BA or BS), Masters (MA) or Doctorate (PHD)

School	# of years attended	Degree Received	Major	Minor

List college course(s) taken 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)

EMPLOYMENT HISTORY

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

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				

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

Name	Telephone
Position	Company
Address	
Name	Telephone
Position	Company
Address	

VOLUNTEER EXPERIENCE (Please list any volunteer experience **working with children**)

Organization	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	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	

OTHER INFORMATION

Date of last Medical: _____ Date of last Tuberculosis Test: _____

Staff members who work with children are expected to participate fully in a program for active youngsters. This may include lifting of young children, getting up and down from the floor, participation in lively indoor/outdoor activities, wearing a bathing suit & interacting with children during summer swim program, moving equipment and furnishings, and generally being able to react quickly to ensure the safety of the children in care.

Are you willing to perform the duties described above? Yes No

Do you require any accommodations, modifications, or adaptive devices to assist you with performing the duties of this job? Yes No

If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Please list the name, address, and phone number of two people we may contact in case of an emergency.

Name	Address	Phone Number(s)	Relationship
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Name	Address	Phone Number(s)	Relationship
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APPLICANT CERTIFICATION

I understand that Rockville Day Care Association, Inc. offers **equal opportunity and treatment** to all employees and applicants for employment. All **qualified** applicants are considered for employment without regard to veteran status, uniformed service member status, race, color, religion, national origin, sex, age, disability, marital status, sexual preference, genetic information or any other category protected by applicable federal, state or local laws. _____ (Initial)

I understand that Rockville Day Care Association is an **AT-WILL employer** as allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company, or I, may terminate the employment relationship at any time, for any reason, with or without cause or notice. _____ (Initial)

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the **answers given by me are true and correct** to the best of my knowledge and ability. I understand that any omission (including any misstatement or falsification) of material fact on this application, or on any document used to secure this employment, can be grounds for rejection of my application or, if I am employed by this company, can be grounds for my immediate termination from the company. _____ (Initial)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____ (Initial)

Under Maryland law **an employer may not require, or demand, as a condition of employment or continued employment, that an individual submit to or take a lie detector, polygraph, or similar test.** An employer who violates this law is guilty of a misdemeanor and subject to a fine not to exceed \$100.00. _____ (Initial)

If hired by Rockville Day Care, The **Maryland State Department of Education - Office of Child Care (MSDE-OCC)**, as the licensing agency for child care centers in the State, **requires ALL staff working with children to complete the following prior to their start date: Fingerprints for a Criminal Records Check, a notarized Release of Information Form, a Pre-Employment Medical and a Tuberculosis Test.** I understand the appropriate forms and instructions will be provided to me if hired. _____ (Initial)

If hired by Rockville Day Care I **agree to conform to the rules and regulations of the Company** and understand that the Company has the discretion to modify such rules and regulations at any time with the exception of employment AT-WILL. _____ (Initial)

Applicant Signature	Date
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