



4607 Willard Avenue , chevy chase, md 20815

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## EMPLOYMENT APPLICATION

Wonders Child Care Center is an equal opportunity company dedicated to a policy of non-discrimination in employment on any improper basis, including race, color, age, sex, religion, national origin, citizenship, marital status, sexual orientation, and physical or mental handicap.

Position for which you are applying: \_\_\_\_\_ Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Available For Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you at least 21 years of age? \_\_\_\_ Yes \_\_\_\_ No Date of Birth: \_\_\_\_\_  
(Employment Subject to Verification that you are of minimum legal age)

Have you ever worked for Wonders before? \_\_\_\_ Yes \_\_\_\_ No

If yes, list dates and reason for leaving: \_\_\_\_\_

How much time have you lost from work during the past two years? \_\_\_\_\_

Please describe the reasons:

\_\_\_\_\_  
\_\_\_\_\_

If you have never had experience working with children, explain why you wish to work in this field:

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION AND CREDENTIALS

High School: \_\_\_\_\_ Highest Grade Completed: 9 10 11 12 GED Year Degree or GED granted: \_\_\_\_\_

College(s): Name and Location of Institution	Major	Dates Attended	Degree

If not an Education Major, please list any education courses you have taken:

\_\_\_\_\_  
\_\_\_\_\_

Honors, Awards, Publications or Special Recognition:

\_\_\_\_\_

Volunteer, Student Teaching or Internship Experience:

Please describe any other education background, experience, training, workshops, seminars, skills, and/or outstanding features of your past employment which you believe will assist us in evaluating your ability to perform the duties of the position desired, include dates:

Teaching certification or Office of Child Care staff level designation (if known): \_\_\_\_\_

Completion of 90 hr or 45 hr course or CDA  Yes  No Which one? \_\_\_\_\_

Membership in any professional organizations: \_\_\_\_\_

### EMPLOYMENT HISTORY

Please list most recent job first and all previous jobs in reverse chronological order. (Use separate sheet if necessary)

1. Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Position (s) Held: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_ Yes \_\_\_ No Start Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per yr  
Description of duties: \_\_\_\_\_  
If working with children, list age level (s)/grade(s): \_\_\_\_\_

2. Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Position (s) Held: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_ Yes \_\_\_ No Start Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per yr  
Description of duties: \_\_\_\_\_  
If working with children, list age level (s)/grade(s): \_\_\_\_\_

3. Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Position (s) Held: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_ Yes \_\_\_ No Start Salary: \$ \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per yr  
Description of duties: \_\_\_\_\_  
If working with children, list age level (s)/grade(s): \_\_\_\_\_

4. Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Position (s) Held: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer \_\_\_ Yes \_\_\_ No Start Salary: \$ \_\_\_\_\_ per yr Final Salary: \$ \_\_\_\_\_ per yr  
Description of duties: \_\_\_\_\_  
If working with children, list age level (s) grade(s): \_\_\_\_\_

Description of any period of self-employment or status not accounted for on employment record:

Dates – From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Business: \_\_\_\_\_  
Dates – From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Business: \_\_\_\_\_

Have you ever been discharged from a job? \_\_\_ Yes \_\_\_ No  
If yes, please fully explain circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Position (s) Held: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor's Name, Title: \_\_\_\_\_  
May we contact this employer? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of murder, manslaughter, rape, any other sexual offense: child abuse, child pornography, child abduction, kidnapping, robbery, assault, battery or any crime of the above nature, or have you within the last 10 years been convicted of a felony including, larceny, forgery, embezzlement, dishonesty, breach of trust, unlawful possession or sale of illegal drugs or controlled substances, or any crime of the above nature, or is a criminal charge for the commission or attempt to commit any crime of the above nature presently pending against you? \_\_\_ Yes \_\_\_ No

If so, list the circumstances to facilitate employment consideration:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted, received probation or a "not criminally responsible" disposition, or have a pending charge for committing or attempting to commit any of the following: a crime involving a child; cruelty to animals; domestic violence; or a weapons or firearms violation of federal or state laws; a sex offense; a violent crime classified as a felony; abduction or kidnapping; abuse of a child or an adult; confinement of an unattended child; manufacturing, distributing, or dispensing a controlled dangerous substance; perjury; pornography; possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or reckless endangerment?

\_\_\_ Yes \_\_\_ No

If so, list the circumstances to facilitate employment consideration: \_\_\_\_\_  
\_\_\_\_\_

### PROFESSIONAL REFERENCES

Please list three professional references: (Employer, Supervisor, Supervising Teacher, Professor, etc.)  
You may substitute a prepared list of references if the list provides all of the required identifying information.

1. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Title: \_\_\_\_\_ Company/Institution \_\_\_\_\_  
Relationship to you: (Teacher, Employer, etc): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Title: \_\_\_\_\_ Company/Institution \_\_\_\_\_  
Relationship to you: (Teacher, Employer, etc): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_  
Title: \_\_\_\_\_ Company/Institution \_\_\_\_\_  
Relationship to you: (Teacher, Employer, etc): \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

## AGREEMENT AND CERTIFICATION

I certify that the information provided by me in and in connection with this application is true and complete in all respects. I agree that if I am employed and the information is found to be false or incomplete in any way, I may be subject to dismissal without notice when discovered.

I authorize past employers, all references and other persons to answer all questions asked by Wonders concerning my ability and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. Furthermore, I release Wonders from any liability or damages resulting from its use of and reliance on such information.

I also understand and agree that:

- 1.) This application is not an offer of employment. Nothing contained in the employment application, any employee handbook, policy manual, or statement, or other Wonders correspondence or document, or in granting an interview, is intended to create a contract between Wonders and myself for employment or the provision of any benefit.
- 2.) No promises regarding employment have been made to me. I understand that no such promises or guarantees are binding on Wonders unless made in writing and signed by its Executive Director or Deputy Executive Director. No supervisor, official, or representative of Wonders, except its Executive Director and Deputy Executive Director have the authority to enter into any agreement for employment for any period of time or to make any agreement contrary to the foregoing.
- 3.) If an employment relationship is established, I understand and agree that my employment shall be "at will" and for no definite period and that regardless of the time and manner of payment of my wages or salary, my employment and compensation may be terminated at any time by either Wonders or myself, with or without cause and with or without any previous notice.
- 4.) I understand that the State of Maryland requires a criminal background investigation of all individuals who are hired for positions that involve working with children. I understand that any offer of employment by Wonders is contingent upon the results of the investigation. I agree to fully cooperate in any such investigation, including providing fingerprints. I further understand that I have a continuing duty to immediately disclose to Wonders any and all criminal charges or convictions that pertain to me both prior and subsequent to my initial criminal background investigation, and at any time during my employment with Wonders.
- 5.) Upon termination of employment, Wonders may answer all questions asked by a prospective employer concerning my ability and employment record, and I release Wonders from all liability or damages arising out of its response to any such questions.
- 6.) I understand that the State of Maryland requires pre-employment physical examinations of all employees hired for positions in child care centers. Examinations are at the employee's expense. If employed by Wonders, I also agree to take a physical examination at Wonders' expense whenever requested by Wonders.

I have read the above Agreement and Certification and fully understand it.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

UNDER MARYLAND LAW, EMPLOYERS MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant