



Application for Employment- Salisbury

Date: _____

Personal Information:

Name: _____

Address: _____

Phone Numbers: (home) _____ (cell) _____

Referred By: _____

Employment Desired:

Position: _____ Start Date: _____

Full Time or Part Time Salary desired: _____

Are you currently employed: Yes No

If so, may we contact your present employer? Yes No

Have you ever applied to this company before? Yes No

Child Care Training:

Child Care I Infants & Toddlers CPR/First Aid

Child Care II School Age Continuing Education Classes

Please list the continuing education classes you have taken.

Are you Maryland Child Care Credentialed?



Childcare experience:

Please provide child care center or licensed family provider experience **ONLY**.

Where? _____ How Long? _____ Yrs. _____ Mo.

Where? _____ How Long? _____ Yrs. _____ Mo.

Education History: Please provide a copy of your college transcript for any college credits you have earned.

	Name & City/State of School	Years Attended	Graduate?	Subjects
High School				
College				
Trade, Business or Correspondence School				

Personal References:

Name	Address and/or Phone Number	Business	Years Known

Former Employers:

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving
From: To:				
From: To:				
From: To:				



Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____

Any remarks about yourself or your work ethic you would like add:
