



SCHOOL AGE CHILD CARE EMPLOYMENT APPLICATION

TODAY'S DATE

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME	_____ SOCIAL SECURITY #
_____ POSITION DESIRED	_____ LOCATION PREFERENCE	_____ DAYTIME TELEPHONE	_____ EVENING TELEPHONE
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ DAYS & TIMES AVAILABLE		_____ DATE YOU CAN START	\$ _____ Per Hour MINIMUM HOURLY RATE
_____ CONDITION OF HEALTH	<input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU BEEN CONVICTED OF A CRIME?		_____ IF YES, PLEASE EXPLAIN

EDUCATION *(Begin with the most recent and work backwards)*

NAME OF SCHOOL	DATES ATTENDED	DEGREE RECEIVED	MAJOR SUBJECT

Are you CPR certified? Yes No If yes, when does your training expire? _____

Are you First Aid certified? Yes No If yes, when does your training expire? _____

EMPLOYMENT / VOLUNTEER HISTORY *(Begin with the most recent and work backwards)*

_____ NAME OF EMPLOYER	_____ POSITION	_____ POINT OF CONTACT	_____ DATES (FROM / TO)
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP CODE
_____ REASON FOR LEAVING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER		

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SCHOOL AGE CHILD CARE EMPLOYMENT APPLICATION

LAST NAME

FIRST NAME

MIDDLE NAME

SOCIAL SECURITY #

CHILD CARE EXPERIENCE *(State fully your child care experience to include work in licensed child care centers, public or private schools, recreation programs of similar settings, or as a registered family child care provider. Student teaching or supervised practicum experience may be included.)*

NAME OF ORGANIZATION	DATES OF INVOLVEMENT	ACTIVITY

OTHER TRAINING *(List any pertinent continuing education courses, training or certifications you have received)*

NAME OF OTHER TRAINING	DATES ATTENDED	COMMENTS

REFERENCES *(List three people who we may contact)*

NAME OF REFERENCE	PROFESSION	DAYTIME TELEPHONE	EVENING TELEPHONE

ACTIVITIES *(List any activities you would feel comfortable leading)*

NAME OF ACTIVITY	COMMENTS

Where did you hear about Child Care Recreation & Parks employment? _____

MINIMUM QUALIFICATIONS FOR EACH POSITION

AIDE **Age** - Minimum of 16

GROUP LEADER **Age** - Minimum of 19 **Education** - High School Diploma or GED

Training - 3 Semester Hours of elementary education, child development, child psychology, or similar courses; or 45 clock hours of non-credit, school-age child care courses.

Experience - 400 hours under supervision primarily with school-age children in a licensed child care center, public or private school, or in a recreation and parks program; or 1 year of college; or a combination of experience and college equal to one year.

ASSISTANT DIRECTOR **Age** - Minimum of 21 **Education** - High School Diploma or GED

Training - 3 Semester Hours of elementary education, child development, child psychology, or similar courses; or 45 clock hours of non-credit, school-age child care courses.

Experience - 400 hours under supervision primarily with school-age children in a licensed child care center, public or private school, or in a recreation and parks program; or 1 year of college; or a combination of experience and college equal to one year.

DIRECTOR **Age** - Minimum of 21 **Education** - High School Diploma or GED

Training - 6 Semester Hours of elementary education, child development, child psychology, or similar courses; or 90 clock hours of non-credit, school-age child care courses.

Experience - 400 hours under supervision primarily with school-age children in a licensed child care center, public or private school, or in a recreation and parks program; or 1 year as a registered Family Day provider (school-age)

I authorize Anne Arundel County to investigate any and all information in this application. If, in the judgement of the Department of Recreation & Parks, any misrepresentation has been made herein, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn. I understand that if I am employed, my employment may be terminated immediately.

APPLICANT'S SIGNATURE

PARENT / GUARDIAN'S SIGNATURE (if under 18)

DATE