



RECREATION AND PARKS CHILD CARE DIVISION
EMPLOYMENT APPLICATION

TODAY'S DATE _____

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____

HOME TELEPHONE _____

CELL PHONE _____

LOCATION PREFERENCE _____

POSITION DESIRED _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

DATE OF BIRTH _____

DAYS & TIMES AVAILABLE _____

E-MAIL _____

\$ _____ PER HOUR
MINIMUM HOURLY RATE

DATE YOU CAN START _____

DO YOU HAVE A RELATIVE WORKING FOR RECREATION AND PARKS ___ YES ___ NO

EDUCATION (Begin with the most recent and work backwards) Please attach transcripts and/or certificates

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 _____

TELEPHONE _____

REASON FOR LEAVING _____

FULL TIME

PART TIME

TEMPORARY

VOLUNTEER

NAME OF EMPLOYER _____

POSITION _____

POINT OF CONTACT _____

DATES (FROM/TO) _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE _____

REASON FOR LEAVING _____

FULL TIME

PART TIME

TEMPORARY

VOLUNTEER

NAME OF EMPLOYER _____

POSITION _____

POINT OF CONTACT _____

DATES (FROM/TO) _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

TELEPHONE _____

REASON FOR LEAVING _____

FULL TIME

PART TIME

TEMPORARY

VOLUNTEER

1 HARRY S. TRUMAN PARKWAY, SUITE 105, ANNAPOLIS, MD 21401
410-222-7856

SACC@AACOUNTY.ORG

FAX # 410-222-4478

www.recparks/childcare/employment



**RECREATION AND PARKS CHILD CARE DIVISION
EMPLOYMENT APPLICATION**

LAST NAME FIRST NAME MIDDLE NAME

CHILD CARE EXPERIENCE (State fully your child care experience to include work in licensed child care centers, public or private schools, recreation programs or 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

WHERE DID YOU HEAR ABOUT RECREATION AND PARKS CHILD CARE EMPLOYMENT? _____

MINIMUM QUALIFICATIONS FOR EACH POSITION

AIDE Age: Minimum of 16

CHILD CARE ASSISTANT Age- Minimum of 18 Education: High School Diploma or GED
 Training: 9 clock hours of communication with staff, parents, and the public OR 3 college credits
 Experience: 800 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 600 hours experience and 15 clock hours of approved college coursework; or 400 hours experienced and 45 clock hours of approved college coursework

CHILD CARE TEACHER Age- Minimum of 19 Education: High School Diploma or GED
 Training: 9 clock hours of communication with staff, parents, and the public OR 3 college credits AND 6 college credits of approved coursework (3 in curriculum and 3 in child development) OR 90 clock hours of approved college coursework (credit or non-credit)
 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 a combination of college and experience equal to one year

CHILD CARE DIRECTOR Age- Minimum of 21 Education: High School Diploma or GED
 Training: 9 clock hours of communication with staff, parents, and the public OR 3 college credits AND 6 college credits of approved coursework (3 in curriculum and 3 in child development) OR 90 clock hours of approved college coursework (credit or non-credit)
 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 Daycare Provider

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 SIGNATURE(if under 18) DATE