

**Beyond “Bear” Basics
Oxon Hill, MD 20745
301-567-5158**

Beyond “Bear” Basics Home Child Care is an equal opportunity employer. All applicants will be considered for employment without regard to race religion, color, sex, national origin, age, martial or veteran status, medical condition or handicap, or any other status protected by law.

EMPLOYMENT APPLICATION

Today’s Date _____

PERSONAL INFORMATION

Name (Last, First, Middle) _____

Date of Birth _____ Social Security # _____ - _____ - _____

Current Address _____

City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____

Email Address _____

Do you smoke? No Yes

Are you pregnant? No Yes If yes, when is your due date? _____

Do you have a child? No Yes

Will you bring your child to work with you? No Yes

If yes, what is your child’s date of birth? _____

EMPLOYMENT DESIRED

Desired Position: Full time ____ (Only for those looking to become a co-provider)

Part time _____ Volunteer _____ Field trip _____

Expected weekly salary _____ Expected monthly salary _____

AVAILABILITY

Please list days and times available to work:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

EDUCATION HISTORY

	Name and Location of School	No. of years completed	Did you graduate?	Subjects Studied
High School				
College				
Other				

Are you planning to further your education: No Yes

If yes, when? _____

Other special training courses _____

PREVIOUS EMPLOYMENT (List below your last four employers, starting with the most recent)

Name	Phone Number	Years Employed

REFEERENCES

Give the names of three persons not related to you, whom you have known at least one year.

PROFESSIONAL REFERENCES

Name	Phone	Years Acquainted

PERSONAL REFERENCES

Name	Phone	Years Acquainted

JOB INTERESTS

Describe your child care related experiences and duties. Describe your hobbies and special skills, talents, volunteer work or training that would help me evaluate your application.

What age group do you enjoy working with most? _____

What contributions could you bring to Beyond “Bear” Basics?

EMERGENCY INFORMATION

Please list two people in case of accident or emergency:

Name	Phone	Years Acquainted

SIGNED AGREEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules, regulations, and policies. I understand if I do not perform my job duties termination of employment can be immediate without notice. A two-week notice will be given if employment is being terminated by either party.

Date _____ Signature _____