



5272 River Road, Suite 530, Bethesda, MD 20816

Phone: (301) 654-5339

Fax: (301) 652-9533

## **EMPLOYMENT APPLICATION**

*Wonders Early Learning + Extended Day 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

How did you hear about this position? \_\_\_\_\_

### **PERSONAL INFORMATION**

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

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

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

Date Available For Employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you want to work Part Time or Full Time? \_\_\_\_\_

If Part Time, indicate availability: \_\_\_\_\_

Are you at least 18 years of age? [  ] Yes [  ] No *(Employment Subject to Verification that you are of minimum legal age.)*

Are you legally authorized to work in the United States? [  ] Yes [  ] No *(Proof of identity and eligibility will be required if hired.)*

Have you ever worked for Wonders before? [  ] Yes [  ] No

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

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

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



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**EDUCATION AND CREDENTIALS**

*(Copies of transcripts and credentials will be required if hired.)*

High School: \_\_\_\_\_ Highest Grade Completed: [ ] 9 [ ] 10 [ ] 11 [ ] 12 [ ] GED

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

Certificates/Courses	Yes	No	Expiration Date
Child Development Associate (CDA)			
CPR			
First Aid			
Maryland 45 Hour Child Growth & Development Course			
Maryland 45 Hour Preschool Curriculum Course			
Maryland 45 Hour Infant & Toddler Curriculum Course			
Maryland 45 Hour School Age Child Care Curriculum Course			
Maryland Child Care Administration Course			

Teaching Certification/Credentialing	
Teaching Certification:	
Maryland Office of Child Care Staff Level Designation:	
Maryland Child Care Credential Level:	

If not an education major, please list any education courses you have taken: \_\_\_\_\_  
 \_\_\_\_\_

Honors, Awards, Publications or Special Recognition: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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, including dates:  
 \_\_\_\_\_  
 \_\_\_\_\_

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



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**EMPLOYMENT HISTORY**

*This portion of the application must be completed in full even if a resume is submitted. Starting with the most recent employer, list the names of prior employers in reverse chronological order. Be sure to account for all periods of time, including military service, self-employment or periods of unemployment. (Use separate sheet if necessary.)*

Dates of Employment From:            To:	Employer: Address:	Position(s) Held: Supervisor:
Reason for Leaving:	City, State ZIP: Starting Salary: \$                    / [ ] Hr [ ] Yr	Supervisor Title: Ending Salary: \$                    / [ ] Hr [ ] Yr
Description of Duties		
If working with children, list age level(s)/grade(s):		

Dates of Employment From:            To:	Employer: Address:	Position(s) Held: Supervisor:
Reason for Leaving:	City, State ZIP: Starting Salary: \$                    / [ ] Hr [ ] Yr	Supervisor Title: Ending Salary: \$                    / [ ] Hr [ ] Yr
Description of Duties		
If working with children, list age level(s)/grade(s):		

Dates of Employment From:            To:	Employer: Address:	Position(s) Held: Supervisor:
Reason for Leaving:	City, State ZIP: Starting Salary: \$                    / [ ] Hr [ ] Yr	Supervisor Title: Ending Salary: \$                    / [ ] Hr [ ] Yr
Description of Duties		
If working with children, list age level(s)/grade(s):		

Dates of Employment From:            To:	Employer: Address:	Position(s) Held: Supervisor:
Reason for Leaving:	City, State ZIP: Starting Salary: \$                    / [ ] Hr [ ] Yr	Supervisor Title: Ending Salary: \$                    / [ ] Hr [ ] Yr
Description of Duties		
If working with children, list age level(s)/grade(s):		

May we contact the employers listed above? [ ] Yes [ ] No

If no, indicate those you do not want us to contact:

Employer	Reason

Have you ever been discharged or asked to resign from any job? [ ] Yes [ ] No

If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_



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## PROFESSIONAL REFERENCES

*Give a copy of the Wonders Reference Form to your professional references. Applicants may not be employed until we have at least two references on file. In general, we must have a reference from an employer who has supervised your work experience with children and from your most recent employer in work relevant to Wonders. References must be sent directly from the referrer. Each professional reference must be unrelated to you.*

## EMPLOYMENT ELIGIBILITY

Have you ever been convicted, received "probation before judgment" or a "not criminally responsible" disposition, or have a pending charge for the commission or attempted commission of 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 offence; 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 ga controlled and dangerous substance; perjury; pornography; possession with intent to manufacture, distribute, or dispense a controlled dangerous substance; or reckless endangerment? [ ] Yes [ ] No

If yes, provide details, including dates: \_\_\_\_\_

Have you ever been convicted of a crime, received a "probation before judgment" or a "not criminally responsible" disposition, or have a pending charge for the commission or attempted commission of any other crime not listed above? [ ] Yes [ ] No

If yes, provide details, including dates: \_\_\_\_\_

Have you ever been convicted of or admitted to murder, attempted murder, manslaughter or arson; assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm; burglary; robbery; kidnapping; illegal use or possession of a firearm; sexual offenses at the felony or misdemeanor level, including: indecent exposure, promoting procuring, compelling, soliciting, or engaging in prostitution, corrupting minors (sexual relations with children), molesting, voyeurism, committing sex acts in public, incest, rape, sexual assault, sexual battery, or sexual abuse; child abuse or cruelty to children; unlawful distribution or possession of, or possession with intent to distribute a controlled substance? [ ] Yes [ ] No

If yes, provide details, including dates: \_\_\_\_\_



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**AGREEMENT AND CERTIFICATION (PLEASE READ VERY CAREFULLY BEFORE SIGNING BELOW)**

I certify that the information provided by me in this Employment Application ("Application") and any attachments, resume, or any other materials, or during any interviews is true and complete to the best of my knowledge and I understand and agree that all such information is subject to verification by Wonders and that falsification, misrepresentation or omission of relevant information can be justification for refusal of employment, withdrawal of an employment offer, or if employed, immediate dismissal.

I hereby authorize any present or former employer, person, school or institution to answer all questions pertaining to this Application, or other information provided by me, and to release details of my work, skills, abilities, employment record, including a statement of the reason for the separation of my employment, or other qualities pertinent to my qualifications for employment, and to provide documentary evidence thereof to Wonders. I release all such employers, persons, schools, or institutions from all liability and damages that may result from the information they provide. Further, I release Wonders from all liability or damages that may result from an investigation.

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

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

I also understand and voluntarily agree:

1. This Application is not an offer of employment. Nothing contained in the 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 promises or guarantees are binding on Wonders, unless made in writing and signed by its Executive Director. No supervisor, official, or representative of Wonders, except its Executive Director, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement different from or contrary to any company policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.
3. Any offer of employment I may receive from Wonders is contingent upon my successful completion of Wonders' total pre-employment screening process, including Wonders receiving references that it considers satisfactory, and my satisfactory completion of a criminal background investigation (more below) and pre-employment physical examination (more below).
4. I understand that the State of Maryland and the District of Columbia require a criminal background investigation of all individuals who are hired for positions that involve working with children. I understand that any offer of employment I may receive from Wonders is contingent upon the results of the investigation, including any required child protection register check. 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 before and after my initial criminal background investigation, and at any time during my employment with Wonders if I am hired. If I will be required to drive a motor vehicle to transport children in the course of my duties, a traffic record check is also required.
5. I understand that the State of Maryland and the District of Columbia require pre-employment physical examinations of all employees hired for positions in child care centers. I understand that these examinations will be at my expense. If employed by Wonders, I also agree to take a physical examination at Wonders' expense whenever requested by Wonders.
6. I understand and agree that, if hired, I may be required to submit to an alcohol or drug screening at any time at the discretion of Wonders.
7. If hired, I acknowledge and agree that Wonders may answer all questions asked by a prospective employer concerning my abilities and employment record after my employment with Wonders ends, and I release Wonders from all liability or damages arising out of its response to any such questions.
8. If hired, I understand that my employment is at-will and can be terminated at any time, with or without notice, for any reason, at the option of either Wonders or me. Should Wonders hire me, I agree to comply with the policies, practices, rules, and procedures of Wonders currently in existence and new and revised ones, which may be issued in the future.
9. In accordance with the provisions of the Immigration Reform and Control Act of 1988, any employment offer, if such is to occur, is contingent upon my providing acceptable documents establishing my identity and right to work in the U.S. on the day I report to work.

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

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

**NOTICE TO APPLICANT FOR EMPLOYMENT IN MARYLAND**

**UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A POLYGRAPH EXAMINATION OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

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

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