

Start Date:

Location:

Rate:

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age, disability, marital, or veteran status.

PERSONAL INFORMATION (Please PRINT clearly)

Last Name, First Name			SSN		
Street Address		City	County	State	Zip Code
Email:		Home Phone Number		Mobile Phone Number	

Are you OVER 18 years of age?

Yes No

Are you legally eligible for employment with us?

Yes No *PROOF REQUIRED UPON EMPLOYMENT*

Have you ever been arrested/convicted of a crime, other than traffic violations?

Yes No *CRIMINAL BACKGROUND CHECK REQUIRED UPON EMPLOYMENT*

POSITION INFORMATION

Employment Type Desired:					
<input type="checkbox"/> Assistant	<input type="checkbox"/> Teacher	<input type="checkbox"/> Intern	<input type="checkbox"/> Cook	<input type="checkbox"/> Administrator	
Employment Type Desired:			Date Available to work:	Expected Pay:	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time				
How were you referred to JBMS?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Referral	<input type="checkbox"/> Other:			
Have you ever applied here before?			If yes, indicate month, year, and position.		
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Which JBMS location would you prefer to work at (check all that apply)?					
<input type="checkbox"/> Laurel	<input type="checkbox"/> Columbia	<input type="checkbox"/> Silver Spring	<input type="checkbox"/> Olney		

EDUCATION *PROOF REQUIRED*

School	Name & Location	Course of Study	Years Completed	Did you Graduate? YES/NO	Degree or Diploma
High School					
College					
Graduate					
Business/ Trade/ Technical					

EXPERIENCE (complete or attach a resume)

Start with your present or most recent job.

1.

Employer:	Work Performed:	Dates Employed	
Address:		From:	To:
Phone #:	Name of Supervisor:	Hourly Rate/Salary	
Job Title:		From:	To:
Reason for Leaving:		May we contact this employer?	
		Yes	No

2.

Employer:	Work Performed:	Dates Employed	
Address:		From:	To:
Phone #:	Name of Supervisor:	Hourly Rate/Salary	
Job Title:		From:	To:
Reason for Leaving:		May we contact this employer?	
		Yes	No

SKILLS/CERTIFICATIONS

If hired, you will need to provide copies of these certificates: ___ Montessori Certificate: _____ ___ PreSchool Teacher (90 Hour) Certificate ___ SchoolAge Teacher (90 hour) Certificate ___ Current First Aid/CPR Certificate ___ Medication Administration Certificate	Other skills or qualifications you feel are relevant:
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REFERENCES:

1) Name:	Occupation:	Relation to you:
Address:		Phone:
2) Name:	Occupation:	Relation to you:
Address:		Phone:

Please read carefully and initial where indicated.

This application is valid for sixty (60) days. If after this time I have not heard from the Corporation and still wish to be considered for employment, it will be necessary for me to complete a new application.

a) I understand that an offer of employment may be contingent upon passing any required physical examination. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to the Corporation.

I have read and understood the above. _____Initials

b) I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to requests for information, can be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.

I have read and understood the above. _____
____Initials

c) I understand that any employment I might be offered by the Corporation is at-will and that either I or the Corporation can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by the Corporation unless made in writing and signed by its President.

I have read and understood the above. _____Initials

d) If I fail to return any of the Corporate property, repay any loan made to me by the Corporation or pay all credit card or other charges for which I am responsible at the time of my termination, I hereby irrevocably authorize the Corporation to deduct the appropriate sum from my final paycheck(s) or other amounts payable to me by the Corporation to the extent permitted by applicable law. Any amount still remaining unpaid by me will be immediately due and payable to the Corporation upon my termination unless otherwise agreed by the Corporation.

I have read and understood the above. _____Initials

e) I understand that none of the Corporation's practices or policies are to be construed as imposing any binding obligations on the Corporation, and that they are subject to changes or deletions at any time.

I have read and understood the above. _____Initials

f) I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to release such information without restriction or qualification to the Corporation or its authorized agent. I hereby release the Corporation, its officers, agents, employees and servants from seeking and gathering and using such information and all the persons, corporations, or organizations for finding such information relating thereto. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy or any similar cause of action against anyone contacted as a result of what he/she may say about me.

I have read and understood the above. _____Initials

I affirm that the information I have given herein is true and correct to the best of my knowledge.

Signature of Applicant

Date

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 lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

Signature of Applicant acknowledging notice above

Date