



Personnel Information



Program name \_\_\_\_\_ License number K8

**Personnel or Applicant**

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of birth \_\_\_\_\_ All previous names, including aliases and maiden \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_

Phone number with area code \_\_\_\_\_ Alternate phone number with area code \_\_\_\_\_

**Education**

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent?  Yes  No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?  Yes  No

What is the highest grade you have completed: \_\_\_\_\_

**List child care credentials or educational certificates** **Expiration date(s)**

\_\_\_\_\_

**College**

College/university/school \_\_\_\_\_ Location(s) \_\_\_\_\_

Degree or credential \_\_\_\_\_ Major/minor \_\_\_\_\_ Attendance (MM/YY - MM/YY) \_\_\_\_\_

\_\_\_\_\_ K8  
 First name Last name License number

\_\_\_\_\_  
 Graduation date Number of completed semester hours if you did not graduate

**Previous Child Care Employment**

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To
				From	To
				From	To
				From	To

**Personal References**

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

\_\_\_\_\_  
 Name Phone number Relationship  
 \_\_\_\_\_  
 Mailing address or PO Box City State ZIP code

\_\_\_\_\_  
 Name Phone number Relationship  
 \_\_\_\_\_  
 Mailing address or PO Box City State ZIP code

\_\_\_\_\_  
 Name Phone number Relationship  
 \_\_\_\_\_  
 Mailing address or PO Box City State ZIP code

**Background Investigation**

First name \_\_\_\_\_ Last name \_\_\_\_\_ K8  
License number \_\_\_\_\_

Are you required to register under the Sex Offenders Registration Act or Maryland  
Ripley Violent Crime Offenders Registration Act?  Yes  No

Do you have pending charges, have you entered a plea of guilty or nolo contendere  
(no contest); or been convicted of any criminal activity involving gross  
irresponsibility or disregard for the safety of others; violence against an individual;  
sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or  
distribution of illegal drugs?  Yes  No

**Signature of Personnel or Applicant**

I understand by completing this form a background investigation will occur prior  
to hire.  Yes  No

I understand my registration on the Child Care Registry (Restricted Registry)  
may occur when:

- a background investigation reveals a specified criminal history; or  Yes  No
- an action against a child in care results in a confirmed or substantiated  
finding of abuse or neglect.  Yes  No

I certify the information provided on this form is true and complete.

Signature of personnel or applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature when applicant is a minor \_\_\_\_\_ Date \_\_\_\_\_

**Program Use Only**

**Complete during hiring process by owner, responsible entity, director, or primary caregiver:**

Date Personnel Information form submitted to Licensing: \_\_\_\_\_

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: \_\_\_\_\_

Date **three** reference checks **completed**: \_\_\_\_\_

Date **preliminary** criminal history review results received, when applicable: \_\_\_\_\_

Date **complete** criminal history review results received: \_\_\_\_\_

Employment date \_\_\_\_\_ Position(s) assigned or title \_\_\_\_\_





# Employment Application Supplement

Form Effective October, 2017

Date \_\_\_\_\_ Name: \_\_\_\_\_

What date can you begin employment? \_\_\_\_\_

Please indicate your availability by listing the times you can work in the chart below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please indicate any foreign languages you speak, read or write in the chart below.

Language	Speak	Read	Write
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___
	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___	Fluent ___ Good ___ Fair ___

Describe any specialized training, apprenticeship, skills, extra-curricular activities or special job-related skills.

---

---

---

Describe any job-related training received in the United States Military.

---

---

---

State any additional information you feel is helpful to your application.

---

---

---

Please list information for three (3) professional references below.

	Reference 1	Reference 2	Reference 3
Name			
Address			
City/State/Zip			
Phone			
Email			
Occupation			
Years Known			

Please read the following before signing this application supplement.

I hereby certify that all of the information provided by me in this application or any other accompanying and/or required documents is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents will be cause for denial of employment or volunteering or immediate termination of employment or volunteer status regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment or approval as an on-site volunteer. I further understand that, should an offer of employment or approval as an on-site volunteer be extended to me by RISE that such employment and volunteering with RISE, is at will, for no specified duration, and may be terminated by either RISE or myself.

I understand that none of the documents, policies, procedures, actions or statements of RISE or its representatives used during the employment or volunteer process is deemed a contract of employment real or implied. I understand that no representatives of RISE, except the Executive Director and/or Board of Directors has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the Executive Director or Board of Directors President of RISE.

In consideration of employment or volunteering with RISE, I agree to conform to the rules, regulations, policies and procedures of RISE at all times and understand that this is a condition of employment or approval to be an on-site volunteer. I understand that due to the nature of RISE's business, attendance and punctuality are considered essential requirements of every job and every volunteer position and that poor attendance or tardiness can result in disciplinary action.

I understand that if offered a position with RISE, I will be required to submit to a pre-employment drug screen and background check as a condition of my employment or volunteering. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks, either through intentional or negligent actions, will result in withdrawal of any employment or volunteer offer or termination if already employed or volunteering with RISE.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to RISE and/or any of its representatives, and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for one (1) year. If I wish to be considered after this period, I must fill out and submit a new application.

My signature below acknowledges that I have READ, UNDERSTOOD and AGREE to the foregoing statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veteran status or any other legally protected status.*