



**PLAY CENTERS, Inc.**  
1517 York Road  
Lutherville, Maryland 21093

**Ph: 410-296-4880, Ext. 107**  
**Fax: 410-296-0803**

## **APPLICATION FOR EMPLOYMENT**

### **PERSONAL INFORMATION**

**NAME** \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

**ADDRESS** \_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

**PHONE** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

Are you 16 years of age or older? YES  NO

Are you 19 years of age or older? YES  NO

Are you 21 years of age or older? YES  NO

If hired, can you provide written evidence that you are authorized to work in the U.S.?

Yes  No

Have you ever been employed by the company? YES  NO

If YES, list location(s) and date(s) of employment \_\_\_\_\_

How were you referred to the company? Employee Referral \_\_\_\_\_

(Name)

Advertisement \_\_\_\_\_ Other \_\_\_\_\_

Pay Rate Desired? \$ \_\_\_\_\_ Per Hour

Position Desired? \_\_\_\_\_ Desired Starting Date \_\_\_\_\_

### **AGE GROUP AND SCHEDULE DESIRED**

(Check all that apply):

School Age

Pre-School

Morning hours (7-9 a.m.)

Part-time

Afternoon hours (3-6 p.m.)

Full-time

\_\_\_\_\_ Number of hours per week preferred

If no regular position is currently available, are you able to substitute? Yes  No

If yes, state available times \_\_\_\_\_

### **EDUCATIONAL BACKGROUND**

School	City, State	Major Course of Study	Circle Last Successfully Completed 1 2 3 4	Date Completed	Degree	Scholastic Average
High School						
College						
College						

Additional Childcare Courses Taken

Recent Volunteer Experience with Children





I understand that Play Centers, Inc. follows an “employment at will” policy, in that I or Play Centers, Inc. may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of Play Centers, Inc. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that all phases of employment with Play Centers, Inc. are based strictly upon the qualifications of the individual as related to the work requirements of the position. The policy is applied without regard to race, sex, color, religion, national origin, citizenship, ancestry, age, handicap, veteran status, or marital status, or any other protected category, as this company is an EQUAL OPPORTUNITY EMPLOYER.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that Play Centers, Inc. will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that the Employee Polygraph Protection Act generally prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient caused for dismissal or refusal of employment.

I grant permission to this company to contact my present employer.  
(Please check one)     YES     NO

Your Signature: \_\_\_\_\_ Date \_\_\_\_\_