



PADONIA PARK CLUB
PADONIA PARK CHILD CENTERS
APPLICATION FOR EMPLOYMENT
PRINT CLEARLY

12006 JENIFER ROAD
 COCKEYSVILLE, MD
 21030

Phone: 410-252-2046
 Fax: 410-561-1560

padonia.com

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Date: _____

First Name: _____ MI: _____ Last: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ Cell Phone: _____

Social Security No.: _____

E-Mail Address: _____ @ _____

Emergency Contact: _____

Telephone: _____ Relationship: _____

Position Desired:

See Prerequisites on Employment Page

First Choice: _____

Second Choice: _____

Pay Requested: _____

Are you over 18 years of age?
 Yes No

If not please list age: _____

Have you ever been employed with us?
 Yes No

Position: _____

From: _____ To: _____

PLEASE CHECK THE TYPE OF EMPLOYMENT SEEKING:

SEASONAL/SUMMER EMPLOYMENT Available Start Date: _____

Pre-Season Before Memorial Day **Post Season After Memorial Day**

Memorial Day Weekend through Labor Day

Full time (35-40 hrs./week) Days Available to Work: Mon Tues Wed Thurs Fri Sat Sun Any (Check)

Part time (less than 35 hrs./week) Days Available to Work: Mon Tues Wed Thurs Fri Sat Sun Any (Check)

Other summer commitments: (Indicate requested days off below)

Maximum Unpaid Vacation Days Allowed: 5 for CAMP, 7 ALL OTHERS

Sports (camps, etc.) _____ Vacation _____

Other jobs _____ Summer classes _____

For Summer Employment, Date of Planned Last Day: _____

PERMANENT/YEAR ROUND Available Start Date: _____

Full time (30-40 hrs./week) Days Available to Work: Mon Tues Wed Thurs Fri Sat Sun Any (Check)

Part time (less than 30 hrs./week) Days Available to Work: Mon Tues Wed Thurs Fri Sat Sun Any (Check)

- Are you prevented lawfully from employment in this country due to Visa or immigration status? No Yes
- Have you ever been bonded? No Yes If yes, by who? _____
- Have you been convicted of a felony? Do not include convictions for which the records were sealed or expunged. No Yes
 If yes, please explain _____
- Are you able to perform the essential functions of your job with or without reasonable accommodation? _____

Federal law requires that you furnish with proof of your identity and eligibility to work ill the United States,
 Please have necessary documents as required by the I-9 form available promptly for our inspection after an offer of employment has been made.
 It is the policy of Padonia Corporation and Child Care International, Ltd. to consider all applicants without regard
 to race, color, creed, religion, age, sex, national origin, sexual orientation, veterans status, physical or mental handicap,
 genetic information, marital status or any other category covered by applicable law.

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Date Interviewed: _____ Position Hired For: _____ References Checked: _____

Interviewer: _____ Interview Rating: 1 2 3 4 5 (5 being best) Wage Rate: _____

Notes: _____ Wage Approval: _____

Employee # _____

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School	Name	Course of Study	No. of Years	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Middle School		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Courses Completed - Copies of Current Certificates are required

- | | | |
|---|---|--|
| <input type="checkbox"/> TIPS Certification | <input type="checkbox"/> AED Certification | <input type="checkbox"/> 9 Hour Communication Cert. |
| <input type="checkbox"/> Standard First Aid | <input type="checkbox"/> Water Safety Instructor | <input type="checkbox"/> 45 Hour Infant & Toddler Cert. |
| <input type="checkbox"/> CPR Certification | <input type="checkbox"/> Water Safety Aid Certificate | <input type="checkbox"/> 90 Hour Childcare Certification |
| <input type="checkbox"/> Lifeguard Training | <input type="checkbox"/> Pool Operations Course | <input type="checkbox"/> Degree _____ |
| | | <input type="checkbox"/> Other _____ |

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Company Name: _____
 Address: _____
 Name of Supervisor: _____
 Job Title and Describe your work: _____

 Reason for Leaving: _____

Phone: _____
 Employed From: _____
 To: _____

2

Company Name: _____
 Address: _____
 Name of Supervisor: _____
 Job Title and Describe your work: _____

 Reason for Leaving: _____

Phone: _____
 Employed From: _____
 To: _____

3

Company Name: _____
 Address: _____
 Name of Supervisor: _____
 Job Title and Describe your work: _____

 Reason for Leaving: _____

Phone: _____
 Employed From: _____
 To: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

Company Name: _____

Reason: _____

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State names of relatives and friends working for us. _____

Briefly explain experiences or personal strengths that would enable you to contribute to the success of the operation and relate it to the type of work you expect to perform _____

CONDITIONS

(PLEASE INITIAL EACH SPACE)

_____ I authorize the investigation of all matters contained in this application in compliance with the Fair Credit Reporting Act including a criminal background check, at any time during the course of my employment and hereby give The Padonia Corporation T/A Padonia Park Club and Child Care International, Ltd. T/A Lakeside Daycamp/Padonia Park Child Centers, (Hereinafter referred to as "The Companies") permission to directly or through a third party contact schools, previous employers, references and others. I hereby release the Company and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

_____ I hereby acknowledge that I have not entered into any agreements with any former employer or other entity (e.g., agreement not to compete) that would impact my ability to work for the Company.

_____ I understand that employment with the Company is on an "at-will" basis; accordingly, either the Company or I can terminate this relationship at any time, for any reason or for no reason, with or without cause and with or without advance notice.

_____ I hereby agree that if I am offered employment, I may be required to submit to a drug test at the expense of the Company, and that failing to pass may affect my employment.

_____ I hereby agree that I am able to perform any and all job functions of the position I am seeking with or without reasonable accommodation.

_____ I also realize that my employment and/or hours worked are completely dependent upon weather and business conditions. If either or both prove unfavorable, my work schedule may be drastically reduced or eliminated entirely.

_____ I understand that I may be video recorded in public areas, work areas, and non-private areas not generally open to the public to help secure my safety and security, and that my use of any and all of Padonia's electronic systems (telephone, email, internet) may be monitored at any time.

_____ The Companies may copyright, sell, use and publish all photographic negatives and other likeness made of me while employed with or without the use of my name, all without additional compensation to me.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF 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 \$100.00.

I certify that all of the information furnished on this application and during the application process is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Signature of Applicant

Date

Print Name

IF UNDER 18, SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED:

Signature of Parent

Date

Print Name