

Board of Child Care
 3300 Gaither Road
 Baltimore, Maryland 21244-2999

Personal Information

Name: _____

Home Address: _____

Current Address (*if different*): _____

Home Telephone: (_____) _____ Work Telephone: (_____) _____

Person to Contact in the Event of an Emergency:

Emergency Contact Telephone: (_____) _____ Relationship:

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ State of Issue:

Career Interests

Position(s) Applied For: _____

Date of Application: _____

Date Available for Work: _____

How did you learn about this position? Please be specific:

College Career Center _____ Employee _____ Website: _____

Print Advertisement _____ Job Fair _____ Other _____

Have you ever been employed at the Board of Child Care: No Yes

If yes, what position did you hold and what were the dates of employment:

Education

<i>Name of School</i>	<i>Address</i>	<i>Years Attended</i>	<i>Did You Graduate?</i>	<i>Courses</i>
High School		From: To:		

College		From: To:		Degree & Major
Graduate		From: To:		Degree & Major
Additional Education		From: To:		Description

Current Educational Courses:

Honors (Include Scholarships and Fellowships):

Special Training or Skills:

Employment History

List your entire employment history beginning with your most recent/present employer. Explain any gaps in employment. Attach an additional sheet if necessary. Include zip codes and phone numbers.

_____ From: _____ To: _____
 Name of Employer
 _____ () _____ May we contact? Yes
 No
 Title of Position Telephone
 _____ Starting Salary \$ _____ per _____
 Name of Supervisor
 _____ Final Salary \$ _____ per _____
 Reason for Leaving: _____

Major Responsibilities:

_____ From: _____ To: _____
 Name of Employer
 _____ () _____ May we contact? Yes
 No
 Title of Position Telephone
 _____ Starting Salary \$ _____ per _____
 Name of Supervisor
 _____ Final Salary \$ _____ per _____
 Reason for Leaving: _____

Major Responsibilities:

Name of Employer

No
Title of Position

Name of Supervisor

Reason for Leaving: _____

From: _____ To: _____

(____) _____ May we contact? Yes

Telephone
Starting Salary \$ _____ per _____

Final Salary \$ _____ per _____

Major Responsibilities:

General Information

As an employee of a church-related home for children, your personal standards and values would be of concern to the Board of Child Care. You would be responsible for the care and safety of the children. The information you give in this application will be used for employment-related purposes.

Yes No Is there any reason you would be unable to perform in a reasonable and safe manner the activities involved in the job or occupation for which you have applied? (See the job description for the job or occupation available from the Board of Child Care.)

If yes, please describe:

Yes No Are you legally eligible to work in the United States?

Yes No Are you willing to submit to a drug screening using urinalysis?
If no, please state the reason:

During your last 24 months of employment, on average, how many days a month did you miss from work? _____

Yes No Are you willing to accompany children to a service of worship?
(Answer only if applying for Child Care Worker position)

Yes No Have you ever been refused coverage by an employer's surety bond?

Yes No Have you ever been convicted of any criminal act?
If yes, please state reason:

Yes No Have you ever used any illegal drugs?
If yes, please explain:

Yes No Have you been cited for any traffic violations in the past three years?
If yes, please describe:

Applicant Authorization and Acknowledgment (*Please Read Carefully*)

I authorize the Board of Child Care to secure any information pertinent to my employment which includes contacting; prior employers, obtaining credit checks, and checking police and traffic records. I also authorize the individuals, companies, and agencies involved to release to the Board of Child Care information relating to me. I hereby release all individuals connected therewith, as well as the Board of Child Care, from all liability for any damage incurred in furnishing or obtaining needed information.

I certify that each of my answers given in this Application for Employment is true and correct to the best of my knowledge. I understand that the giving of false information on this application, on my resume, on the Sexual Misconduct Questionnaire, or other application materials may subject me to rejection from employment consideration or immediate dismissal.

Signature of Applicant

Date

BOARD OF CHILD CARE
3300 GAITHER ROAD
BALTIMORE, MD 21244

SEXUAL MISCONDUCT QUESTIONNAIRE

(Please write your answer at the end of each question. Use more space if necessary.)

1. Have you ever been accused of sexual misconduct with a child or a youth?

2. Have you ever been accused of sexual misconduct with an adult?

3. Have you ever been dismissed from any position, volunteer or salaried because of an accusation of sexual misconduct on your part?

4. Have you ever resigned from any position, volunteer or salaried because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part?

5. If your response to any of the foregoing questions is "yes", please provide all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of the employer at the time of the alleged misconduct.

6. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g. indictment, arrest, trial, etc.)? If so, please provide the complete details of those proceedings (including

dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations and the result of the proceedings). Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? If so, please provide the same details with respect to each such proceeding.

7. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

8. Please provide three references (names, addresses, phone numbers) of persons, who are not related to you by blood or marriage and are not employed or supervised by you, who can to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth and adults.

QUESTIONNAIRE RESPONSE FORM

(To be signed by all employees and volunteers who work with children or youth within the Board of Child Care.)

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied employment/volunteer position for which I am being considered.

Name (Please Print): _____

Signature: _____

Date: _____

REFERENCES

Please list three business (professional) references; include contact person (first and last name), telephone number and complete address (with city, state and zip code).

1. _____
Business
_____ Contact Person
Street Address
()
Phone Number

City State Zip Code

2. _____
Business
_____ Contact Person
Street Address
()
Phone Number

City State Zip Code

3. _____
Business
_____ Contact Person
Street Address
()
Phone Number

City State Zip Code

WORKPLACE SUBSTANCE ABUSE POLICY

The safety and wellbeing of talent and clients entrusted to our care is of paramount concern to the Board of Child Care. The organization is committed to providing a safe and drug-free work environment for all talent.

The use, possession, or sale of illegal drugs, as defined in the Federal Controlled Substances Act, and alcohol in the workplace poses a serious risk to the wellness of all Board of Child Care personnel. Therefore, it is the policy of the Board of Child Care to have a drug and alcohol-free environment and for talent at work to be drug-free and not under the influence of alcohol.

This policy applies to alcohol and all substances, drugs or medication, legal or illegal, which could impair talent's ability to effectively and safely perform the functions of the job. All talent and outside individual consultants, contractors and others are subject to this policy.

1. Application of Policy

- a) The use, possession, manufacture, purchase, distribution, or sale of illegal drugs in the workplace, or during the performance of organization business is prohibited and will result in discipline up to, and including termination.
- b) Talent shall not report to work, or return to work under the influence of alcohol. This will result in discipline up to, and including termination. Use or possession of alcohol on organization property, may result in discipline up to, and including termination.
- c) The use, possession, manufacture, purchase, distribution, sale, or transfer of illegal drugs is a violation of the law. The organization may refer such illegal drug activities to law enforcement officials.

2. Drug and Alcohol Testing

All drug and alcohol testing will be performed in conformance with applicable law. Drug and alcohol testing will be required in the following circumstances:

- a. Applicants for employment after conditional employment offer.
- b. Talent will be subject to random testing at regular intervals. Board of Child Care will pay the cost of random testing of talent.
- c. Talent are subject to testing after a car accident or accident with mechanical equipment, etc. Board of Child Care pays the cost of the testing.
- d. When the Board of Child Care has a reasonable suspicion that talent has used or is under the influence of drugs or alcohol on Board of Child Care property or in the course of the talent's performance of their job.

No drug test will be conducted without talent's consent. However, refusal to consent will result in discipline up to, and including termination.

Drug or alcohol test results for applicants or talent may only be disclosed a BCC physician and/or medical professional, as limited by applicable Federal and State law.

3. Inspections for Drugs and Alcohol

The organization's premises and all equipment and furniture are the sole and exclusive property of the organization. When there is the reasonable suspicion, the organization reserves the right to inspect at any time, the organization's property and premises, including, but not limited to, equipment, vehicles, cabinets, desks and lockers.

When the organization has reason to believe talent is violating any aspect of this policy, he or she may be asked, by the organization, to submit immediately to any inspection of any personal property which they have brought to or have access to at work. Refusal to consent to an inspection, when requested, may subject talent to discipline up to, and including termination.

All inspections shall be conducted by at least two department heads and approved, in advance, by the President and CEO or her designee.

Consent and General Release

I hereby consent to be tested according to Board of Child Care initial employment drug and alcohol screening policy, and to the disclosure of the results to Board of Child Care for use in considering my application for employment.

Furthermore, for considering my application for employment, I also consent to drug and alcohol testing during my employment and hereby release the Board of Child Care for all liability arising in any way related to such testing, disclosure of test results, or any actions taken by Board of Child Care which are related to the test results.

In the event I accept employment with the Board of Child Care, I understand and consent that drug and alcohol tests may be performed throughout my employment according to Board of Child Care policy.

I hereby acknowledge that I have read the above policy and the Consent and General Release statements, understand their meaning and terms, and am voluntarily signing this agreement.

Applicant

Date

I am at least 21 years of age

YES

NO

BOARD OF CHILD CARE

NAME: _____ DATE: _____

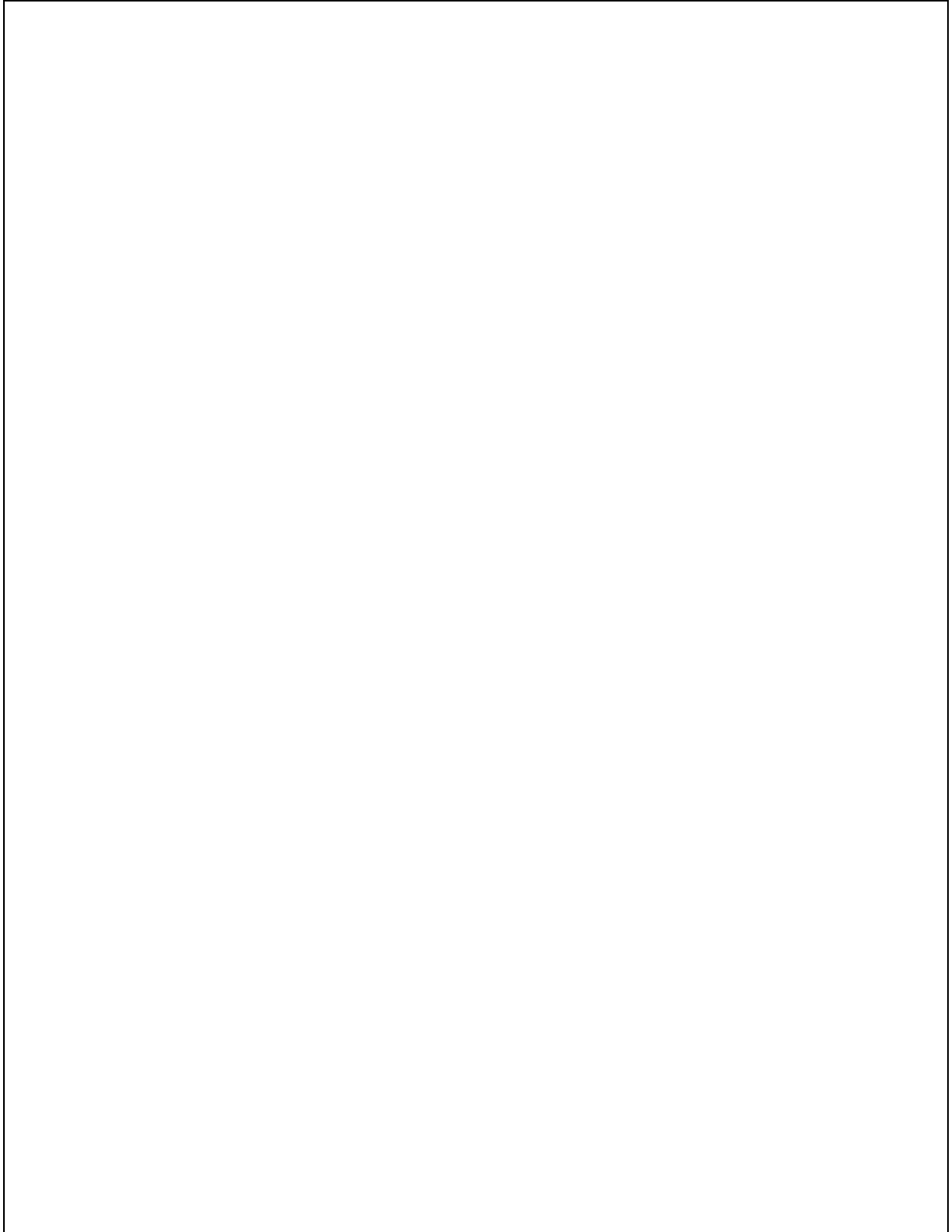
POSITION APPLIED FOR: _____

Answer the following questions:

- 1) In 200-250 words, describe yourself including accomplishments and goals. Additionally, why you should be considered for employment.

Please answer the questions at the end of each scenario to the best of your ability.

- 1) A 14 year old becomes escalated with another resident over a radio which he claimed the peer stole from him. The youth starts to raise his voice, then runs into his room and begins throwing items around the room. The youth drops to the floor. He starts to bang his head repeatedly, and begins crying and screaming. You are the only staff on the unit with these two boys, as the other staff are with youth at an activity. What steps would you take in this situation?



- 2) Three 17 year old boys are eating lunch, when two other boys begin to verbally fight. You notice that the three boys are starting to get involved by laughing and shouting at the others to keep fighting. What are your next steps?