

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

INDIVIDUAL PERSONNEL INFORMATION

I am applying for: (check all that apply)	
<input type="checkbox"/> Aide	<input type="checkbox"/> Assistant Teacher (school age)
<input type="checkbox"/> Teacher: <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School age	
<input type="checkbox"/> Director: <input type="checkbox"/> Infant/Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School age	

This form is to be completed by potential or new staff not previously evaluated or staff requesting re-evaluation. **SEND THE COMPLETED FORM AND ALL SUPPORTING DOCUMENTATION TO THE OFFICE OF CHILD CARE REGIONAL OFFICE. THE EVALUATION WILL BE BASED SOLELY ON DOCUMENTATION SUBMITTED TO OCC.**

NAME: _____
Last First Middle Maiden

HOME ADDRESS: _____
Street P.O. Box or Apt. # City County State Zip Code

HOME PHONE: () WORK PHONE: ()

BIRTHDATE: _____ (attach copy of Birth Certificate or Driver's License) SOCIAL SECURITY #: _____

Have you been evaluated to work in a child care center in the State of Maryland? No Yes (attach copy of evaluation)
Center name/location: _____

EDUCATION:

1. Did you complete high school? No Yes (attach copy of diploma, equivalency certificate or transcript)

2. Did you complete any of the following? No Yes (check all that apply) (attach copies of certificates/transcripts)

45 hour course: Infant/Toddler School age School age Director

90 hour course: Infant/Toddler Preschool School age

Other: Child Development Associate Credential Military Certificate

3. Did you attend college? No Yes, number of credits earned _____ (attach copy of transcript)

4. Did you earn a degree? No Yes, Year _____ Name of School _____

Major _____ Degree earned _____ (attach copy of degree/transcript)

5. Do you have a teaching certificate or approval from the MD State Dept. of Education or another state? No Yes (attach copy of certificate or approval letter)

EXPERIENCE:

Provide information about your supervised experience working with groups of children in licensed child care centers, public/private schools, as a registered provider or other approved settings. **Attach documentation from each employer, which states the number of hours worked, the ages of the children worked with, the position and the length of time worked.** Attach additional pages if necessary.

Dates Worked				Name of Facility (start with present employer)	Address and Phone #	Supervisor	Position	Ages of Children	# of Hours Worked Per Week
From Mo	Yr	To Mo	Yr						

I confirm that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____