

MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care
INDIVIDUAL PERSONNEL INFORMATION

I am applying for: (check all that apply)
☐ Aide ☐ Assistant Teacher (school age)
☐ Teacher: ☐ Infant/Toddler ☐ Preschool ☐ School age
☐ Director: ☐ Infant/Toddler ☐ Preschool ☐ 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

OTHER NAMES USED _____

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

PREFERRED CONTACT NUMBER: (_____) _____ Email: _____

BIRTHDATE: _____ (attach proof of birthdate) SOCIAL SECURITY #: _____

Have you been evaluated to work in a child care center in the State of Maryland? **If "Yes", attach copy of evaluation and STOP HERE unless requesting re-evaluation.** ☐ Requesting Re-evaluation

EDUCATION:

1. Did you complete high school? ☐ No **If "Yes", attach copy of diploma, equivalency certificate or transcript.**

2. Did you complete any of the following? **If "Yes" check all that apply and attach copies of certificates/transcripts.**

45 hour course: ☐ Infant/Toddler ☐ Preschool ☐ School age ☐ Director Administration Training

90 hour course: ☐ Infant/Toddler ☐ Preschool ☐ School age

Other: ☐ CDA Credential ☐ Military Certificate ☐ ADA ☐ Breastfeeding Practices ☐ 9 hour Communication

3. Did you attend college? ☐ No **If "Yes", number of credits earned** _____ Did you earn a degree? ☐ No ☐ Yes
Major _____ Name of School _____ (attach copy of transcript)

4. Do you have a teaching certificate or teaching certification? ☐ No **If "Yes", attach copy of certificate or approval letter.**

5. Do you have Montessori Credentials? ☐ No **If "Yes" attach copy of credential(s).**

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 additional pages if necessary. **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.**

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