

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

I am applying for: (check all that apply)		Director:	
<input type="checkbox"/> Aide	<input type="checkbox"/> Senior Staff	<input type="checkbox"/> Infant/Toddler	<input type="checkbox"/> Preschool
<input type="checkbox"/> Senior Staff/Infant-Toddler	<input type="checkbox"/> Assistant Group Leader	<input type="checkbox"/> School-age	
<input type="checkbox"/> Group Leader			

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.

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)

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:**

- Did you complete high school?  No  Yes (attach copy of diploma, equivalency certificate or transcript)
- Did you complete any of the following?  No  Yes (check all that apply)  45 hr. Inf/Todd course  90 hr. Preschool course  45 hr. School-age course  90 hr. School-age course  CDA or Military Cert. (attach copies of certificates/transcripts)
- Did you attend college?  No  Yes, number of credits earned \_\_\_\_\_ (attach copy of transcript)
- Did you earn a degree?  No  Yes, Year \_\_\_\_\_ Name of School \_\_\_\_\_  
 Major \_\_\_\_\_ Degree earned \_\_\_\_\_ (attach copy of degree/transcript)
- 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 experience working with groups of children. 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. Experience may include supervised work in licensed child care centers, public or private schools, recreation and parks programs, like settings, as a registered family day care provider or as otherwise stated in COMAR 07.04.02.26-1A(3)(a). 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	From Yr	To Mo	To Yr						

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

\_\_\_\_\_  
Signature Date

**DO NOT SUBMIT WITHOUT ALL REQUIRED DOCUMENTATION**

- Attached are copies of: (check all that apply)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Birth Certificate                              | <input type="checkbox"/> 45/90 hr Course Certificates                  | <input type="checkbox"/> College Transcripts                     |
| <input type="checkbox"/> Driver's License                               | <input type="checkbox"/> CDA/Military Certificates                     | <input type="checkbox"/> College Degree                          |
| <input type="checkbox"/> Documentation of Experience                    | <input type="checkbox"/> OCC 1207 (Personnel Qualification Evaluation) | <input type="checkbox"/> Teaching Certificate/Letter of Approval |
| <input type="checkbox"/> High School Diploma, Equivalency or Transcript |  |  |

**EVALUATION WILL BE BASED SOLELY ON DOCUMENTATION SUBMITTED**