

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

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

Gender: Female Male Non-binary

Race (check all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Pacific Islander

White other (specify): _____

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Primary Language Spoken: _____

Phone Number: (____) _____ Email: _____

Have you been evaluated to work in a child care center in the State of Maryland? No Yes **If "Yes", attach a copy of the evaluation and STOP HERE unless requesting re-evaluation.** Requesting Re-evaluation

EDUCATION:

1. Did you complete high school? No Yes **If "Yes" and have no college credits, attach a copy of diploma, equivalency certificate or high school transcript.**

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

3. Did you complete any of the following? No Yes **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

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

5. Do you have Montessori Credentials? No Yes **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	To	Mo	Yr						

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

Signature

Date