

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 _____

Educational Program: Administrator _____ Teacher _____

This form is to be completed by new staff or staff requesting re-evaluation. Submit a copy of a government issued photo ID with this document.

NAME: _____
Last First Middle Other names used

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

BIRTHDATE: _____ SOCIAL SECURITY#/ITIN #: _____

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

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 dates of employment, number of hours worked, the ages of the children, and the position(s).**

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

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

Signature of Employee

Date

I hereby certify that I employ the individual named in this Personnel Record and that I have reviewed the information provided by that individual.

Signature of Director/Program Administrator:

Date