

## Employment Application

DATE \_\_\_\_\_ POSITION \_\_\_\_\_ CENTER \_\_\_\_\_

**PERSONAL INFORMATION:**

NAME \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

ARE YOU:

16 YEARS OR OLDER?  YES  NO    19 YEARS OR OLDER?  YES  NO    21 YEARS OR OLDER?  YES  NO

*Maryland State Licensing Regulations include age requirements for each specific position.*

**EDUCATION:**

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	
HIGH SCHOOL			Hold Diploma/GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE OR UNIVERSITY			Hold Degree? <input type="checkbox"/> YES <input type="checkbox"/> NO Title of Degree:

PLEASE LIST ANY CHILD RELATED COURSES THAT YOU HAVE TAKEN:

ARE YOU:

INFANT/CHILD/ADULT CPR CERTIFIED?  YES  NO Exp. Date: \_\_\_\_\_  
FIRST AID CERTIFIED?  YES  NO Exp. Date: \_\_\_\_\_

Would you be willing to continue your education by enrolling in courses or training programs that might be recommended?  YES  NO

**BRIEFLY ANSWER THE FOLLOWING:**

Why do you want this position?

What skills, talents, or interests do you have to offer children?

What is your personal philosophy of childcare?

What is your procedure for behavior management?

Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodation?  YES  NO

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**FORMER EMPLOYERS:**

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May we contact the Employers that you have listed below?  YES  NO

LAST OR CURRENT EMPLOYER

ADDRESS CITY/STATE ZIP

SUPERVISOR TITLE PHONE ( )

START DATE END DATE

REASON FOR LEAVING

YOUR TITLE SPECIFIC DUTIES

PREVIOUS EMPLOYER

ADDRESS CITY/STATE ZIP

SUPERVISOR TITLE PHONE ( )

START DATE END DATE

REASON FOR LEAVING

YOUR TITLE SPECIFIC DUTIES

PREVIOUS EMPLOYER

ADDRESS CITY/STATE ZIP

SUPERVISOR TITLE PHONE ( )

START DATE END DATE

REASON FOR LEAVING

YOUR TITLE SPECIFIC DUTIES

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**LIST OTHER REFERENCES WE MAY CONTACT:**

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NAME	PHONE	RELATIONSHIP	YEARS KNOWN
	( )		
	( )		
	( )		

Have you ever been convicted of sexual/physical abuse?  Yes  No Have you ever been convicted of any crime?  Yes  No  
Please give details. *This information will not disqualify you from consideration of employment.*

The facts I have on this application are true statements and complete. If employed, I realize that any false statements on this application shall be considered sufficient cause for dismissal.

The Open Door does not discriminate on any basis. Employment by The Open Door is governed by the "Employment at Will" principal and no specific period of employment is guaranteed.

Signature of applicant \_\_\_\_\_ SS# \_\_\_\_\_

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**OFFICE USE ONLY:**

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Interview held by:

Date

Application approved by:

Date

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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

OTHER NAMES USED \_\_\_\_\_

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

PREFERRED CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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? **If "Yes", attach copy of evaluation and STOP HERE unless requesting re-evaluation.**  Requesting Re-evaluation

**EDUCATION:**

- Did you complete high school?  No **If "Yes", attach copy of diploma, equivalency certificate or transcript.**
- 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
- 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)
- Do you have a teaching certificate or teaching certification?  No **If "Yes", attach copy of certificate or approval letter.**
- 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