



518 VIRGINIA AVENUE
 TOWSON, MARYLAND 21286
 (410) 825-6300
 www.opendoorcare.com

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

FORMER EMPLOYERS: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

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PREVIOUS EMPLOYER

ADDRESS

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SUPERVISOR

TITLE

PHONE ()

START DATE

END DATE

REASON FOR LEAVING

YOUR TITLE

SPECIFIC DUTIES

LIST OTHER REFERENCES WE MAY CONTACT:

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# _____

OFFICE USE ONLY:

Interview held by:

Date

Application approved by:

Date

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 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) SOCIAL SECURITY # : _____

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) (attach copies of certificates/transcripts)
 - 45 hour course:** Infant/Toddler School age School age Director
 - 90 hour course:** Infant/Toddler Preschool School age
 - Other:** Child Development Associate Credential Military Certificate
- 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 supervised experience working with groups of children in licensed child care centers, public/private schools, as a registered provider or other approved settings. **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.** 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	Yr	To Mo	Yr						

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

Signature _____ Date _____