



Kids Habitat II, 5138 Thunderhill Road, Columbia, Maryland 21045 www.kidshabitatii.com

for behavior management?
Are you able to perform the essential functions of the job for which you have applied with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employers

May we contact the employers that you have listed below? <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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List other references we may contact

Name	Phone	Relationship	Years Known
	()		
	()		
	()		
	()		

Have you ever been convicted for 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 consideration 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 PERSONAL 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: _____

Home Address: _____

Home Phone: () _____ Work Phone: () _____



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Birth Date: _____ (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? (Attach the copy of evaluation)
__Yes __ No

Education

1. Did you complete high school? (Attach copy of diploma, equivalency certificate or transcript)
2. Did you complete any one mentioned aside? (Attach copies of certificates / transcripts)
45 Hour Course: __ Infant/Toddler __ School Age __ School Age Director
90 Hour Course: __ Infant/Toddler __ Pre School __ School Age
Other: __ Child Development Associate Credential
__ Military Certificate
3. Did you attend college? __Yes __ No Number of credits earned _____ (Attach copy of transcript)
4. Did you earn a degree? __Yes __ No Name of the School: _____
Major: _____
Degree Earned: _____ (Attach copy of degree / transcript)
5. Do you have teaching certificate or approval from the MD State Department of Education or another state? __No __Yes (Attach copy of certificate or approval letter)



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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 state the number of hours worked, the ages of the children worked with, the position and the length of time worked. Attached additional pages if necessary.

Date Worked		Name of Facility(Start with present employer)	Address and Phone #	Supervisor	Position	Ages of Children	# of Hours worked per week
From (MM/YY)	To (MM/YY)						

Signature: _____

Date: _____

Created and Reviewed on: 01/2010