



Program name \_\_\_\_\_ <sup>K8</sup>  
License number \_\_\_\_\_

**Personnel or Applicant**

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Social Security number \_\_\_\_\_

Date of birth \_\_\_\_\_ All previous names, including aliases and maiden \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Mailing address or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_

Phone number with area code \_\_\_\_\_ Alternate phone number with area code \_\_\_\_\_

**Education**

Do you have a high school diploma, General Education Development (GED) credential, or Licensing approved equivalent?  Yes  No

When **NO**, are you in the process of obtaining a high school diploma, GED, or Licensing approved equivalent?  Yes  No

What is the highest grade you have completed: \_\_\_\_\_

**List child care credentials or educational certificates** **Expiration date(s)**

\_\_\_\_\_

**College**

College/university/school \_\_\_\_\_ Location(s) \_\_\_\_\_

Degree or credential \_\_\_\_\_ Major/minor \_\_\_\_\_ Attendance (MM/YY - MM/YY) \_\_\_\_\_

\_\_\_\_\_  
 First name                                      Last name                                      <sup>K8</sup> License number

\_\_\_\_\_  
 Graduation date                                      Number of completed semester hours if you did not graduate

### Previous Child Care Employment

Employer name	Address (city, state, zip code)	Phone	Full or part-time	Dates of employment	
				From	To

### Personal References

All applicants for all personnel positions: list at least three non-relative references, with at least two of them from your most recent employers, when applicable.

\_\_\_\_\_  
 Name                                      Phone number                                      Relationship

\_\_\_\_\_  
 Mailing address or PO Box                                      City                                      State                                      ZIP code

\_\_\_\_\_  
 Name                                      Phone number                                      Relationship

\_\_\_\_\_  
 Mailing address or PO Box                                      City                                      State                                      ZIP code

\_\_\_\_\_  
 Name                                      Phone number                                      Relationship

\_\_\_\_\_  
 Mailing address or PO Box                                      City                                      State                                      ZIP code

### Background Investigation

\_\_\_\_\_  
First name                      Last name                      <sup>K8</sup>  
License number

Are you required to register under the Sex Offenders Registration Act or Maryland Rippa Violent Crime Offenders Registration Act?  Yes  No

Do you have pending charges, have you entered a plea of guilty or nolo contendere (no contest); or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect; animal cruelty; or possession, sale, or distribution of illegal drugs?  Yes  No

### Signature of Personnel or Applicant

I understand by completing this form a background investigation will occur prior to hire.  Yes  No

I understand my registration on the Child Care Registry (Restricted Registry) may occur when:

- a background investigation reveals a specified criminal history; or  Yes  No
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.  Yes  No

I certify the information provided on this form is true and complete.

\_\_\_\_\_  
Signature of personnel or applicant                      Date

\_\_\_\_\_  
Parent's signature when applicant is a minor                      Date

### Program Use Only

**Complete during hiring process by owner, responsible entity, director, or primary caregiver:**

Date Personnel Information form submitted to Licensing: \_\_\_\_\_

Form must be submitted to Licensing within 2 weeks of employment

Date **Restricted Registry** search completed: \_\_\_\_\_

Date **three** reference checks **completed**: \_\_\_\_\_

Date **preliminary** criminal history review results received, when applicable: \_\_\_\_\_

Date **complete** criminal history review results received: \_\_\_\_\_

\_\_\_\_\_  
Employment date                      Position(s) assigned or title

\_\_\_\_\_  
First name                      Last name                      <sup>K8</sup>  
License number

**Signature of Owner, Responsible Entity, Director, or Primary Caregiver**

I understand giving false or incomplete information may result in denial or revocation of my license.

\_\_\_\_\_  
Signature of owner, responsible entity, director, or primary caregiver                      Date