

Happy Hearts Learning Center
Program name

K830053766
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)

_____ K8
 First name Last name License number

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

 College/university/school Location(s)

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

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

 College/university/school Location(s)

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

 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
				From	To
				From	To
				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.

_____ K8
First name Last name License number

Name Phone number Relationship

Mailing address or PO Box City State ZIP code

Name Phone number Relationship

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Name Phone number Relationship

Mailing address or PO Box City State ZIP code

Background Investigation

Are you required to register under the Sex Offenders Registration Act or Maryland Ripply 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

First name

Last name

K8

License number

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
- an action against a child in care results in a confirmed or substantiated finding of abuse or neglect.

Yes No

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

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