

INSTRUCTIONS TO APPLICANT

READ & COMPLETE PART A & B - PRINT OR TYPE - SIGN AT THE BOTTOM OF PAGE 2

PART A:

Name: _____ SSN: _____
Last First MI

EDUCATION: Check (√) highest degree earned and complete information. If **High School**, submit a photocopy of your diploma or GED or official high school transcript (needed for **Career Tech Completer**). If **Associate's degree or higher**, submit an official transcript with conferred degree. Include official transcripts for all other college/university coursework.

Education	Year Completed	Institution	Major Area of Study
<input type="checkbox"/> High School Diploma/G.E.D.			
<input type="checkbox"/> Career Technology Completer			
<input type="checkbox"/> Associate			
<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's			

EMPLOYMENT VERIFICATION:

For each position listed in **PART B**, provide documentation verifying the employment.

SELF EMPLOYED: Copies of Income Tax Records such as Schedule C or records indicating incorporation.

OTHER EMPLOYMENT: Original letter on company letterhead giving dates of employment, job title, duties, and whether part or full-time, signed by a supervisor, corporate officer or human resources representative.

LICENSES:

Only Nursing, Cosmetology and Barbering require a current Maryland license to be eligible for certification. If applying for one of those areas, please check (√) the appropriate licence and provide a photocopy with the OER.

<input type="checkbox"/> Nursing License	<input type="checkbox"/> Senior Cosmetologist License	<input type="checkbox"/> Barbering License
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PRIVACY NOTICE

‡The principle purpose served by gathering the requested information is to provide necessary data and background records for the Superintendent of Schools as required by law.

‡The consequence of refusal to provide the requested information is non-issuance of the Maryland Teacher's Certificate.

‡You have statutory right to inspect, amend, or correct the requested information under Maryland Annotated Code, State Government Article, §§10-611 – 10-629.

‡The requested information is not generally available for public inspection, unless authorized by you in writing.

‡The requested information is not routinely shared with other governmental agencies.

TO BE COMPLETED BY THE LOCAL SCHOOL SYSTEM:

1. Check each entry carefully for completeness and accuracy.
2. Indicate CTE program to be taught, including Classification of Instruction Program Number (CIP#).
3. Verify employment information and types of licenses and certifications.
4. Record total years granted in the column entitled FOR LSS USE, on page 2.
5. Submit this form along with the Maryland State Department of Education's Application for Certification to the Division of Certification and Accreditation (C & A Division).

Employment Record

Verified by: _____
Name (please print) Signature Title

LSS: _____ Date Submitted to MSDE: _____

CTE Program to be taught: _____ CIP#: _____ CIP Title: _____

To be completed by Certification Authorized Partner (CAP) or Education Program Specialist, Certification:

OER APPROVED

OER NOT APPROVED

Name

Signature

Title

PART B: EMPLOYMENT RECORD - DIRECTLY RELATED TO TEACHING POSITION

(2)

1. Please list all work experience (list most recent first) and provide documentation for each position:
2. Use a separate entry for each different position within an organization;
3. If more space is required, you may copy this page and attach.

Date (Month/Year) From To	Years	Months	Supervisor Name & Title	Phone
Company Name & Address:				
Job Title:				
All Job Duties (Please be specific):				
Fulltime/PartTime:	Hours per Week:	Last Salary:		

Date (Month/Year) From To	Years	Months	Supervisor Name & Title	Phone
Company Name & Address:				
Job Title:				
All Job Duties (Please be specific):				
Fulltime/PartTime:	Hours per Week:	Last Salary:		

Date (Month/Year) From To	Years	Months	Supervisor Name & Title	Phone
Company Name & Address:				
Job Title:				
All Job Duties (Please be specific):				
Fulltime/PartTime:	Hours per Week:	Last Salary:		

For LSS Use	Total Years of Acceptable Occupational Experience:	
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APPLICANT SIGNATURE

I hereby affirm that the information given by me in this application is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification of a material fact, my application will be disapproved and/or my certificate will be rescinded.

Date: _____ **Applicant Signature:** _____