

Maryland Higher Education Commission

PERSONNEL FORM FOR PRIVATE CAREER SCHOOL FACULTY, STAFF, AND ADMINISTRATORS

- Complete the electronic personnel form by clicking in the small grey box to begin typing. **A resume is not a substitute for a completed form.**
- If additional space is required, please continue your response on a separate page, identify the question being answered, and attach the page to this form.
- By Maryland regulations, “*The qualifications of staff shall be documented in their personnel files, including but not limited to evidence of formal educational attainment, certificates and degrees earned, and relevant experience.*”

1. School Name:			
2. School Address:			

Street

City

State

Zip

3. Employee Name:			
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Last

First

M.I.

Previous Last Name

4. Employee's Permanent Address:			
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Street

City

State

Zip

5. Employee's Telephone Number:	6. E-mail Address:
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7. SSN:	8. Birth Date:	9. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Month/Year

10. Position at School:	11. <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
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12. Date of Initial Employment:	13. Hours per week:
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Month/Day/Year

14. You must be legally authorized to work under the United States Immigration Reform and Control Act of 1986. Are you a US citizen or legal resident alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
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15. Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. High school attended:
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17. City/State of high school:		18. Date of high school graduation or GED:
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City

State

Month/Year

19. List your primary duties at the School, including all subjects you are assigned to teach. Identify the approximate percentage of your total work time that each function constitutes.
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Primary Duties (including all subject taught)	% of Time Allocated to Each Function
	%
	%
	%
	%
	%

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20. List below all of your postsecondary education including coursework at career schools, colleges and universities. By Maryland regulations, “*Instructors shall demonstrate up-to-date knowledge and continuing study of the field they are teaching. Instructors must possess, and have maintained for a minimum of 2 years, at least the level of licensure, certification, or credential for which the program they are instructing prepares graduates.*”

Name & Location of Educational Institutions	Dates Attended		Major or Major Subject	Graduated		Degree, Certificate or License and Date Received	Hours Completed
	From	To		Yes	No		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>		

21. List below any certificate(s) or license(s) now held. **(A copy of each certificate/license MUST be attached.)**
By Maryland regulation, “*Instructor must possess, and have maintained for a minimum of 2 years, at least the level of licensure, certification, or credential for which the program they are instructing prepares graduates.*”

Name of Certificate/License	Entity that Issued Certificate/License	Date Received	Expiration Date

22. List any other courses or workshops directly related to your position at the school that you have completed in the past 5 years. Include the dates of attendance.

Courses or Workshops	Dates of Attendance

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23. Employment Information: List each position you have held, beginning with the most recent. **(Attach any additional pages.)**
 By Maryland regulation, “*Instructors shall have a minimum of 2 years of successful practical experience in the occupation or subject or its equivalent in formal training beyond the standard learning period recognized for the trade or occupation they are to teach*”.

1. Name of Employer:			
Employer’s Address (Street, City, State, Zip):			
Type of Business:			
Your Job Title:		Supervisor’s Name and Phone Number:	
Dates of Employment: From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			

2. Name of Employer:			
Employer’s Address (Street, City, State, Zip):			
Type of Business:			
Your Job Title:		Supervisor’s Name and Phone Number:	
Dates of Employment: From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			

3. Name of Employer:			
Employer’s Address (Street, City, State, Zip):			
Type of Business:			
Your Job Title:		Supervisor’s Name and Phone Number:	
Dates of Employment: From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			

4. Name of Employer:			
Employer’s Address (Street, City, State, Zip):			
Type of Business:			
Your Job Title:		Supervisor’s Name and Phone Number:	
Dates of Employment: From:	To:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Duties:			
Reason for Leaving:			

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24. Required for Instructors:

Summarize below your education, licensure/certification, teaching experience, and employment that directly relates to your area of instruction at the school and qualifies you to be an instructor at a Maryland private career school.

a) Education, licensure, and certification directly related to your area of instruction:

b) Teaching experience directly related to your area of instruction:

c) Employment directly related to your area of instruction:

25. Required of School Director:

Summarize below your education and employment that directly relates to the administration of the school and qualifies you to be a director of a Maryland private career school.

a) Education directly related to the administration of the school:

b) Employment directly related to the administration of the school:

26. To be answered by all:

By Maryland regulations, *“The owner or owners and employees of an applicant for approval or of a school shall have a demonstrated history of ethical personal and professional practices”*.

a) Have you ever been convicted of any violation of the law except for minor traffic violations?

Yes No If “Yes”, explain:

b) Have you ever been named in connection with financial aid fraud, post office fraud or a school’s FTC citation?

Yes No If “Yes”, explain:

27. Required of School Sales Representatives:

a) Have you ever been denied a permit issued by a state to represent or solicit students on behalf of a school?

Yes No If “Yes”, explain:

b) Have you ever been named in connection with financial aid fraud, post office fraud or a school’s FTC citation?

Yes No If “Yes”, explain:

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Affidavits by Employee and School Owner or School Director:

“I hereby certify that I have reviewed the information given on this form and any attachments and thereby certify that it is complete and correct to the best of my knowledge.”

NOTE: This signature page must be mailed or faxed in order to have the written signatures on file.

Signature of Employee

Date

Name of School Owner or Director

Title of School Owner or Director

Signature of School Owner or School Director

Date

MARYLAND HIGHER EDUCATION COMMISSION

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