



## Application for Employment- Education Staff

<b>NAME</b>				
<b>PERMANENT ADDRESS</b>				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>CAMPUS ADDRESS</b> (if applicable)				
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>PHONE</b>	<b>PHONE TYPE</b>			
<b>E-MAIL</b>				

<b>Position for which you are applying:</b> (Teacher, Assistant/Floater, Substitute)			
<b>Are you 18 years or older?</b>		<b>Do you have reliable transportation?</b>	
<b>Are you presently employed</b>		<b>Are you looking for a 12 month position?</b>	

EDUCATION	
<b>SELECT THE HIGHEST DEGREE COMPLETED</b>	

NAME OF COLLEGE OR UNIVERSITY	LOCATION	MAJOR	DATES ATTENDED

DEGREES	
TITLE	DATE

WORK EXPERIENCE			
EMPLOYER & ADDRESS	JOB TITLE/ JOB DESCRIPTION	DATES OF EMPLOYMENT	REASON FOR LEAVING

Describe the teaching/assistant teaching or child care experience you have had.

What special training, talents, abilities, interests or skills do you have that you could share with the children (music, art, dance, etc.)?

The job requires that you are able to lift 30 lbs. from the floor to a waist high table 10-15 times daily and be able to reach a child 20-30 feet away within 30 seconds without putting your personal health in danger. Is there anything that would restrict you from performing these tasks?

In your own words, how would you describe **quality child care**?

Describe your educational philosophy.

I \_\_\_\_\_ hereby certify that I have never been convicted of a misdemeanor or felony in New York State or elsewhere

SIGNATURE

DATE



# Availability Form

Name	
Phone	
E-Mail	
Semester	

	6:45-9:30	9:30-12:30	12:30-3:30	3:30-5:30	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Do you have transportation?

Are you available over Winter Break?

Are you available over Spring Break?

Are you available over Summer Break?

Dates Available over Summer Break	
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Would you like regular shifts or to only sign up for substitute shifts as needed?	
Maximum number of hours per week requested:	
Termination Date (ex: Graduation Date)	
Preferred Classroom(s)/ Programs	

<u>Comments</u>
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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**REFERENCES**  
CHILD DAY CARE PROGRAM

**INSTRUCTIONS:**

- Please provide complete information for three people we can contact as references
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME: <i>Campus &amp; Community Children's Center</i>	FACILITY ID NUMBER: 427784/ 785899/ 868001
NAME:	

<b><u>TYPE OF PROGRAM</u></b>	<b>Family Day Care, Group Family Day Care and Small Day Care Centers</b>	<b><u>Day Care Center and School-Age Child Care</u></b>
<b>ROLE IN PROGRAM</b>	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director      Other <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

**REFERENCE #1**

Please check appropriate reference type:    Personal    Employment

NAME (*Last, First, MI*):

\_\_\_\_\_

BUSINESS NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_

Does reference speak English?    Yes    No   If NO, please specify language spoken:

**REFERENCE #2**

Please check appropriate reference type:    Personal    Employment

NAME (*Last, First, MI*):

\_\_\_\_\_

BUSINESS NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_

Does reference speak English?    Yes    No   If NO, please specify language spoken:

**REFERENCE #3**

Please check appropriate reference type:    Personal    Employment

NAME (*Last, First, MI*):

\_\_\_\_\_

BUSINESS NAME:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

\_\_\_\_\_

Does reference speak English?    Yes    No   If NO, please specify language spoken: