



Application for Employment-Education Staff

PERSONAL INFORMATION

Name:

Position Applying For:

Permanent Address:

Campus Address: (If Applicable)

Email:

Phone:

Are you 18 Years or Older?

Are you looking for a 12 month Position?

Do you have Reliable Transportation?

Are you Presently Employed?

Education Information

High School/GED:

Name:

City/State:

From:

To:

Did you Graduate?

Yes

No

College:

Name:

City/State:

From:

To:

Degree:

Major:

Other:

Name:

City/State:

From:

To:

Degree:

Major:

Previous Employment Information

Employer 1:

Email:

Phone:

Job Title:

From:

To:

Employer 2:

Email:

Phone:

Job Title:

From:

To:

Employer 3:

Email:

Phone:

Job Title:

From:

To:



Questions:

All Campus & Community Children's Center's Locations are Licensed by OCFS. A Federal Background Check is Required. Are you willing to Consent to a Background Check?

Yes

No

Describe the Teaching/Assistant Teaching or Child Care Experience you have had.

This job requires that you are able to lift 30 pounds from the floor to waist high table throughout the daily routine. You also should be able to reach a child 20-30 feet away within 30 seconds. Is there anything restricting you from performing these tasks?

Yes

No

If Yes, please explain:

In your own words, how would you describe Quality Child Care?

Are there any skills or attributes that would make you a good fit to work in Child Care?

OCFS Regulations require staff to supervise children by both sight (visually) and by sound (auditory), Are you able to do that?

Yes

No

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	

	7:00-9:30	9:30-11:30	11:30-3:00	3:00-5:30	Other
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Do you have transportation?	YES	NO
Are you available over Winter Break	YES	NO
Are you available over Spring Break	YES	NO
Are you available over Summer Break	YES	NO

Dates Available over Summer Break	
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Maximum number of hours per week requested:	
Termination Date (ex: Graduation Date)	
Preferred Classroom(s)/ Programs	

<u>Comments</u>

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

<u>TYPE OF PROGRAM</u>	Family Day Care, Group Family Day Care and Small Day Care Centers	<u>Day Care Center and School-Age Child Care</u>
ROLE IN PROGRAM	<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 #1Please 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: