

UNI CDC APPLICATION

Name: _____ Date: _____

Seeking Employment for: Fall _____ Spring _____ Summer _____

Home Address: _____

Campus Address: _____

Cell Phone No: _____ Have you been awarded Work-Study funds? _____

E-Mail Address: _____ Student ID No. _____

Grade Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____ Grad _____

Major: _____

Minor: _____

Have you worked on campus before?

How many hours do you prefer to work each week?

Experience working with children ages 0-5 years:

What is your age preference and why?

Early Childhood Education classes you have taken:

Why did you choose to apply at the CDC and how did you find out about this position?

Please indicate if you have had any of the following required trainings:

CPR: Date **Received**_____ Date **Expired**_____

First Aid: Date **Received**_____ Date **Expired**_____

OSHA: Date **Received**_____ Date **Expired**_____

Background Check: Date **Received**_____ Date **Expired**_____

Fingerprints: Date **Received**_____ Date **Expired**_____

Mandatory Reporter Training: Date **Received**_____ Date **Expired**_____

Lifeguard Training (optional): Date **Received**_____ Date **Expired**_____

Must obtain within 3 months of hire date-these are **not required to be hired..*

Please list times you are **UNAVAILABLE** to work (i.e., due to class times, field experience hours, etc.) :

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

EMPLOYEE STATEMENT:

Treatment Status:

I, _____ state that:

_____ I am not currently receiving treatment for alcoholism, drug abuse, or child abuse problems.

_____ I am currently receiving treatment for:

(check applicable service)

_____ Alcoholism

_____ Drug Abuse

_____ Child Abuse

If receiving treatment, please explain:

Non-conviction Statement:

I, _____ state that I have never been convicted by any law of any state for lascivious acts with a child, child neglect, or child abuse.

Signature: _____ Date: _____