

**EMU Children's Institute  
Student Employment Application**

Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Maiden Name or Aliases: \_\_\_\_\_

Local Address: \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Local Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Student Number: \_\_\_\_\_

Driver's License or State ID # and Expiration Date: \_\_\_\_\_

State Driver's License or State ID issued in: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Will you be a registered EMU student during the term of employment? Y \_\_\_ N \_\_\_

Do you have a work-study grant? Y \_\_\_ N \_\_\_ if yes, amount of grant? \_\_\_\_\_

How many hours do you want to work per week (list a number)? \_\_\_\_\_

Does another EMU department presently employ you? Y \_\_\_ N \_\_\_  
If so, how many hours? \_\_\_\_\_

**Early Childhood Experience and References:** (please list **any** experiences (paid or unpaid) you have working with young children and references related to those experiences)

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**Please list relevant course work or training** (child development, education or human service field)

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**Academic Studies:**

Major: \_\_\_\_\_ Minor(s): \_\_\_\_\_

**Why are you interested in working at the Children's Institute?**

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**Circle the age group(s) you would be interested in working with:**

Toddler 18 months – 2 ½ years

Preschool 2 ½ - 4 years

Kindergarten

Any age group

**Is there any age group you do not want to work with? Why?** \_\_\_\_\_

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(OVER)

• **Hours of Employment**

I will not be working more than a combined total of twenty-nine (29) hours per week in the Fall and Winter Semesters and/or forty (40) hours per week in the Spring and Summer Semesters. If my hours stated or current status should change during the course of my employment, I will notify my supervisor and the Children’s Institute administration immediately. I understand the hours of my employment may increase or decrease at any point in the semester based on childcare enrollment or extended periods of time off.

• **Procedure for Screening Applications for Prior Criminal Convictions of Abuse and/or Neglect of Children**

As a part of our Agency’s pre-employment screening process you will be asked to sign this statement granting us permission to obtain a criminal background clearance. By signing this statement you will also be certifying that you have never been convicted of offenses other than minor traffic violations nor had any history of abuse and / or neglect convictions of children and / or adults.

“I hereby certify in good faith that a case of abuse and / or neglect has not been substantiated against me nor have I been named the respondent in any petition which is pending for child abuse and / or neglect in either the juvenile or in criminal court of a misdemeanor and / or felony charge. I also certify that I have not been convicted of a misdemeanor and / or felony nor are there any misdemeanor and / or felony charges pending against me. I understand that by falsely signing this certificate or if subsequent to my employment a case of abuse or neglect is substantiated against me or I am charged in a criminal court for abuse and / or neglect that I will be subject to discharge from employment.”

Abuse and neglect of children is against the law. The Children’s Institute has a zero tolerance policy to employees on child abuse and neglect. Employees are required by law to immediately report suspected abuse and neglect to children’s protective services.

• **Children’s Institute Confidentiality Agreement**

1. Any information contained in a family’s file or billing statement will be used only for Children’s Institute business purposes. Designated professional staff persons can only release information within these files with a proper release form signed by the family.
2. Any information in a staff member’s file, professional and student will be used only for Children’s Institute business purposes. Designated professional staff persons can only release information within these files with a proper release form signed by the staff member.
3. Any information on a child or family overheard or discussed on the phone, in the classroom or offices of the Children’s Institute may not be released to the general public or to other families within the Children’s Institute. Our families’ privacy should be treated with the highest respect and confidentiality.
4. Professional Staff are the only ones permitted to discuss a child’s behavior and /or development with the child’s family. Professional Staff are also the only ones permitted to discuss Children’s Institute policies and procedures with our families.

I certify that I have read and understand the Children’s Institute policies on Hours of Employment, Abuse and/or Neglect of Children and the Confidentiality Agreement. I understand that if I violate any of the conditions of these I will be subject to immediate termination of my position with the Children’s Institute.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**All Employees and Volunteers of the Children’s Institute are required by State Law to have a TB (Tuberculosis) Test and Physical within the first thirty (30) days of hire.**

Office Use only:

Interview Date and Time: \_\_\_\_\_ Hire: Yes / No Rate of Pay: \_\_\_\_\_

Comments \_\_\_\_\_

Dear Children's Institute Staff, Teacher's Aides and Practicum Students,

State of Michigan licensing rules for child care centers require all caregivers to provide the Children's Institute with a statement certified by the Department of Human Services that you have no history of involvement in a case of child abuse and/or neglect.

To do this, you are required to sign your name and date on the bottom half of this form along with your home address. The Children's Institute will attach a self-addressed stamped envelope with your home address on it.

When your name has been checked with the Department of Human Services, you will be sent notification to your home. You will then need to bring this notification to the Children's Institute Administrative Offices in 103 Rackham where it will be added to your personnel file. **You cannot begin work or placement with the Children's Institute until this document is turned into the Children's Institute.**

Sincerely,

Chris Aris  
Associate Director

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To the Department of Human Services, Children's Protective Services:

I request that you provide me with the documentation that I have not been placed on the central registry for substantiated abuse and / or neglect as defined by Michigan Compiled Laws.

Name: \_\_\_\_\_ Also known as [Aliases, Maiden  
Name, Previous Married Name(s)] \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
Driver's License # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMU CHILDREN'S INSTITUTE STUDENT SCHEDULING FORM

Name: \_\_\_\_\_ Semester: \_\_\_\_\_ Date: \_\_\_\_\_

Local Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Availability: **Accurately** cross out time when you CANNOT work. Remember to allow time to get to and from class, i.e. if you have class until 11:15 or 11:30, don't say that you can work at 11:00.

Times	Monday	Tuesday	Wednesday	Thursday	Friday
7:30-8					
8-8:30					
8:30-9					
9-9:30					
9:30-10					
10-10:30					
10:30-11					
11-11:30					
11:30-Noon					
Noon-12:30					
12:30-1					
1-1:30					
1:30-2					
2-2:30					
2:30-3					
3-3:30					
3:30-4					
4-4:30					
4:30-5					
5-5:30					