

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

Name: _____
(Last) (First) (Middle Initial)

Maiden Name or Aliases: _____

Email Address: _____

Local Address: _____

Permanent Address _____
(Street) (City) (State) (Zip)

Local Phone Number: _____ Home Phone Number: _____

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)

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

Academic Studies:

Major: _____ Minor(s): _____

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

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? _____

• **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 _____



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

REQUEST FOR CENTRAL REGISTRY CLEARANCE

INSTRUCTIONS: Complete the following information and submit request to your "**LOCAL**" Department of Human Services Office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

Signature of Requestor	Signature of DHS Staff Person Completing Request

<p>AUTHORITY: State P.A. 238 of 1975, 722.627, Sec. 7(f) RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.</p>	<p>Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.</p>
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EMU CHILDREN'S INSTITUTE _____ STUDENT SCHEDULING FORM

PLEASE WRITE NEATLY

Name: _____ **Date:** _____

Local Phone: _____ **Cell Phone:** _____ **Home Phone:** _____

Email address: _____

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					