

EMU Children's Institute
Student Employment Application

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

Maiden Name or Aliases: _____

Email Address: _____ E# _____

Local Address: _____
(Street) (City) (State) (Zip)

Permanent Address _____

Cell Phone Number: _____

Local Phone Number: _____ Home Phone Number: _____

Are you currently certified in CPR Training for Infants? Y ___ N ___ Adults? Y ___ N ___ First Aid training? Y ___ N ___

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 per week? _____

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?

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

Toddler 18 months – 2 ½ years Young Preschool 2 1/2 yr.-3 yr. Preschool Program 3 yr. old Pre-Kindergarten 4 year old
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. If my hours stated or current status should change during the course of my employment, I will notify 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. A background clearance record will be done through the Internet Criminal history Access Tool (ICHAT) and through the Dru Sjodin National Sex Offender Public Web Site (NSOPW). You will also need to complete a Michigan Child Care Background Check Consent and Disclosure which includes being finger printed. 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, the Confidentiality Agreement and the TB and Physical Requirements. I understand that if I violate or do not comply with any of these conditions I will be subject to immediate termination of my position with the Children’s Institute.**

Birth date

Signature

Today’s Date

All Employees and Volunteers of the Children’s Institute are required by State Law to have a TB (Tuberculosis) Test and Physical within the 14 days of hire and turn results into office.

Office Use only:

Interview Date and Time: _____

Interviewed By: _____

Recommend for Hire: Yes _____ No _____