

School-Age Child Care Program Employee Application

| Office Use Only | |
|-----------------|--|
| Interview Date | |
| Interviewed by: | |
| Follow Up | |

Applicant Information

| | |
|---------------------------------|------------------|
| First | Last |
| Address | State, City, Zip |
| How long have you lived in Ohio | |
| Contact Phone | Work |
| Home | Other |
| Email : | |

| Education | School/University | Degree | |
|--------------|-------------------|--------|--|
| High School | | | |
| College/Univ | | | |
| Post grad | | | |

Indicate which position is of interest to you

| | | |
|-------------------|--|--|
| Site Coordinator | Bachelor Degree, 5 years related experience Must work both AM & PM hours | |
| Program Leader | College Experience, 2 years of related experience | |
| Program Assistant | Excellent work history, HS Diploma | |
| Student Assistant | Excellent School Record | |

Employment Information

| | | |
|--------------------------------|--------------|-----------------------|
| Are you currently employed? | Where | Position Title |
| | | |
| Previous Child Care Experience | Where & When | <u>Position Title</u> |
| | | |
| | | |
| | | |

Availability

| | |
|--|-----------------------------|
| When are you available to begin a new position? | |
| I am available to work AM hours (7-9am) | Yes No |
| I am available to work PM Hours (3-6pm) | Yes No |
| I am able to work scheduled times with the following restrictions: | |
| I am only able to work at the following SACC Location: | |
| I prefer to work at the following SACC Location: | |

References (List 3 individuals you have been employed with and their telephone contact information. Do not list relatives)

| Name of Reference | Relationship | Telephone Contact Information |
|-------------------|--------------|-------------------------------|
| | | |
| | | |
| | | |

You have my permission to contact any of the above-mentioned persons. Please Initial _____
 Have you lived in the State of OH for the last 5 consecutive years? Yes _____ No _____

Training

Please indicate any completed training programs you have attended and have documentation
 Name of training No of Hours Date Attended

| | | |
|--------------------------------------|--|--|
| Communicable Disease Prevention | | |
| Multi Media First Aid | | |
| Child Abuse Recognition & Prevention | | |
| Additional Training | | |

Have you ever been dismissed or not re-hired? If yes, please explain

Have you ever been convicted of a Felony and /or Child abuse? If yes please explain

Have you ever had a child removed from your home due to abuse or neglect?

I understand the following expectations and agree to complete them in an efficient manner:

1. Complete all training required by the State Department of Education, including Communicable Disease, Child Abuse Prevention, and First Aid.
2. Complete background information check, including fingerprint record
3. A physical exam (SACC will pay for your exam if you use our doctor)

The information given on the pages of this application is accurate to the best of my knowledge. I understand that falsification of this information shall be grounds for non-consideration and /or dismissal from my position.

 Signature

 Date

It is the policy of the Hilliard City School District Board of Education that the best qualified applicant shall be selected for each position without regard to race, color, religion, national origin, age, sex, or marital status.

******PLEASE MAIL APPLICATION TO:******

**Hilliard City Schools
 School-Age Child Care Program
 P.O. Box 877 Hilliard, OH 43026**