

Teacher Aide Application: Illinois State University Child Care Center

www.childcarecenter.ilstu.edu

Return application to: Director, Illinois State University Child Care Center, Mail Code 5060 Child Care Center, 124 Turner Hall, Normal, IL 61790-5060

Date: _____ **Application for semester/yrs:** Fall _____ Spring _____ Summer _____

Full Name _____ **Age** _____ **Birth date** _____

ISU UNIVERSITY. ID # _____ **Social Security #:** _____

Driver's license #: _____ **State:** _____ **Expiration Date** _____

Major _____ **Workstudy?** _____ **Year in School** _____

E-mail address you check DAILY: _____

LOCAL address: _____

_____ street apt. city/state zip
Local ph: (____) _____

Cell Ph. (____) _____

HOME address: _____ Home ph.(____) _____
_____ street apt. city/state zip

1. Have you been convicted of a violation of the law? Yes No. If yes, explain on back page.
2. Do you have, or have been treated for, a mental disorder, or physical disability that could impact your ability to work with children? Yes No. If yes, explain on back page.
3. Are you able to lift at least 45 pounds? Yes No. If no, please explain why on back page.
4. Number of semesters left ON CAMPUS prior to graduation: _____
5. Maximum number of hours you wish to work PER WEEK? _____
6. **List all the FREE TIME YOU HAVE TO WORK between the hours of 7:30 a.m. and 5:30 p.m.**
Monday Tuesday Wednesday Thursday Friday

Experience: Include any type of **paid & volunteer** service, (**related to child care or not**), course work in child development, hobbies and pesonal interests.

References: 3 persons over 21 years of age who are unrelated to you.

1. Name _____ Address _____
st. apt. city state/zip
Ph.(____)_____

2. Name _____ Address _____
st. apt. city state/zip
Ph.(____)_____

3. Name _____ Address _____
st. apt. city state/zip
Ph.(____)_____

If accepted as an ISU Child Care Center employee or volunteer, I will attend mandatory staff meetings, abide by personnel policies and operation policies and procedures of ISU Child Care Center and accept that I will be considered an Illinois Mandated Reporter of Child Abuse and/or Neglect. By applying I agree to a background check and to submit medical clearance including a negative TB test. I understand my duties may be varied and will include following universal procedures for limiting the spread of contagious illness, including dish washing, meal service, changing soiled clothes, etc. I accept the responsibility of coming to work at scheduled times. I understand failure to meet job description, or to abide by policies & procedures of ISU Child Care Center may result in termination of employment.

Signature _____ **Date** _____