

**STAFF RECORD AND APPLICATION
UW OSHKOSH CHILDREN'S CENTER
800 Algoma Blvd. Oshkosh, WI 54901-8632**

Name _____ Birthdate _____

Home Address _____ School Address _____
City _____ City _____
State _____ Zip Code _____ State _____ Zip Code _____
Phone_(____)_____ Phone_(____)_____

Social Security # _____ UW OSH ID# _____

Position: Child Care Aide Date of Application _____ Date of Employment _____

Work Study _____ Student Assistance _____ Amount of W/S Grand _____

Education

A. High School _____ Diploma: Yes ___ No ___ Year _____

B. Post high school:
Vocational or technical school _____
Certification (if any) _____
CDA or other credentials _____

C. University:
Name of
College/University _____ Major _____
Dates attended _____ Degree _____

D. Infant & Child CPR State Required (attach copy of Certificate with Effective Dates)

Other Training Specific to Early Childhood

<u>Title of Course</u>	<u>Date of Completion</u>	<u>No. of Hours or Credits</u>

(Attach documentation of training or a transcript – if taken at UW Oshkosh please sign permission statement below.)

I give permission for the Children's Center Director to verify course completion via the University computer system (ie. to get unofficial transcripts).

Signed _____ Date _____

Previous Work Experience

A. Early Childhood:
(position) (employer) (dates) (duties) (phone #)

B. Administrative, Managerial or Other:
(position) (employer) (dates) (duties) (phone#)

Reason for leaving previous employment _____

Persons to be notified in the event of an emergency

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

I understand that continued employment is contingent upon completion of the following, within the first two weeks of employment: (Please check to verify your understanding)

_____ 1) an initial meeting with the Center Director or Assistant Director

_____ 2) a Criminal Background Check in conjunction with the Wisconsin Crime Information Bureau and the Department of Children & Families/The Department of Regulation & Licensing (done by the Center Administration)

_____ 3) having completed or currently enrolled in an Early Childhood course

_____ 4) attendance at the Children's Center Child Care Aide Orientation session (usually held the first or second week of each semester)

_____ 5) return of completed Health form signed by a physician and TB test

_____ 6) verification of completion of an approved Infant & Child CPR training course or agree to attend one during the semester.

_____ 7) I also understand that I must participate in five hours of Continuing Education per semester of employment. Continuing Education requirements can be met through attendance at Center staff/student meetings, reading articles, viewing video tapes or television programs, attending conferences, some class work, etc. The training must pertain to preschool age children. The training must be approved and documented by the Center Director. It will be your responsibility to fulfill the Continuing Education requirement.

Signature _____ Date _____

This application should be accompanied by a schedule of the days and times you are available to work. The Children's Center is open Fall and Spring semesters, and Interims- Monday through Friday 7:15am – 5:20pm. Summer Session – Monday through Thursday 7:15am – 5:20pm.

WORK STUDY & STUDENT ASSISTANT HOURS (Indicate Year & Session)

Fall_____ Fall Interim _____
Spring_____ Spring Interim _____

NAME:

HOURS AVAILABLE TO WORK:

MON.

TUES.

WED.

THURS.

FRI.

HOW MANY HOURS WOULD YOU LIKE TO WORK?

SCHOOL PHONE # (& CELL if applicable) AND ADDRESS:

SCHOOL EMAIL ADDRESS:

HOME PHONE # AND ADDRESS:

I will probably be at school_____, home_____ so send hours or call me there. Try both_____.
Call my CELL_____.

ANY COMMENTS:

THANK YOU!!!

The Children's Center is committed to recruiting, supporting and fostering a diverse community of outstanding faculty, staff and students, and is an AA/EEO Employer.

5/11jjd