

University Community Childcare

2623 Bruner Drive
Ames, IA 50010
(515) 294-9838
www.universitycommunitychildcare.org

Part-Time Employment Application

| | |
|--|-----------------------|
| Name: _____ | Date: _____ |
| Address: _____ | Phone: _____ |
| _____ | E-mail Address: _____ |
| Position applying for: _____ | _____ |
| Eligible for college work-study: _____ | ISU ID#: _____ |

Related work experience:

| Employer | address & phone number | dates | type of work |
|----------|------------------------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Other Work experience:

| Employer | address & phone number | dates | type of work |
|----------|------------------------|-------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Educational background:

| School | address & phone number | dates | area of study / degree |
|--------|------------------------|-------|---------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

References:

| Name | address & phone number | position |
|-------|------------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

U.S. Citizen: _____ **Visa:** _____
Work permit? _____
Expiration date current work permit: _____

****Please attach a copy of your class schedule for the current semester****

EMPLOYEE/SUBSTITUTE/VOLUNTEER STATEMENT

Name

Employment Date

I (check one) **DO** **DO NOT** have any criminal convictions (to include deferred judgments, even if discharged) of any law in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any founded or confirmed reports of child or adult abuse or neglect in any state.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **DO** **DO NOT** have any communicable diseases or health concerns that would pose a threat to the health, safety, or well-being of the children.

(If “**DO**” is checked, briefly explain the circumstances.)

I (check one) **HAVE** **HAVE NOT** been informed of my responsibilities as a mandatory reporter of child abuse.

I (check one) **AM** **AM NOT** under the influence of alcohol, illegal drugs, prescription or nonprescription drugs that could impair driving ability.

Signature

Date