

Application for Employment Childcare Work

Please note that all staff will be required to:

- Submit a medical check-up form, valid for one year from exam date.
- Pass a background check.
- Get fingerprinted.
- Verify academic credentials.
- Complete HR Forms.
- Complete Department of Health Forms.
- Provide 2-3 reference letters.
- Take mandatory online courses relating to Childcare.

PERSONAL INFORMATION

Name: _____

Street Address: _____

Cite, State, Zip: _____

Telephone: _____

Email: _____

Are you citizen of the U.S. or do you have a legal right to work in the U.S.? Yes No

Have you been convicted of or pleaded no contest to a felony in the last five years? Yes No

If yes, please explain: _____

EMPLOYMENT AREA OF INTEREST (check all that apply)

- Summer Camp Teacher
- Summer Camp Assistant Teacher
- Summer Camp Arts or Sports Specialist
- Group Leader (Afterschool)
- Group Leader (Summer Camp: which sessions July Camp August Camp)
- Volunteer in which area: _____

Days/Hours Available: _____

Date you are available to start work? _____

Salary desired? Annual or Hourly? _____

EDUCATIONAL HISTORY

Name of school	Degree/Diploma	Graduation Date
HS:		
College:		
Other:		

Are you currently a student? Yes No If yes, where? _____

Awards – Licenses – Credentials – Certifications	Location	Year

Certificate	Expiration	Certificate	Expiration	Certificate	Expiration
DOE fingerprint		CPR		Standard first aid	
OCFS fingerprint		Food Handler		Advanced first aid	

EMPLOYMENT/VOLUNTEER HISTORY

Employer/Volunteer Organization: _____
 Dates Employed: _____
 Address: _____
 Supervisor: _____
 Telephone Number: _____ Position Title: _____
 Reason for Leaving: _____

Employer/Volunteer Organization: _____
 Dates Employed: _____
 Address: _____
 Supervisor: _____
 Telephone Number: _____ Position Title: _____
 Reason for Leaving: _____

Employer/Volunteer Organization: _____
 Dates Employed: _____
 Address: _____
 Supervisor: _____
 Telephone Number: _____ Position Title: _____
 Reason for Leaving: _____

May We Contact Your Present Employer? Yes No

May We Contact Your Last Employer? Yes No

Please name any relatives who are presently (or have formerly been) employed by A.C.T. Programs or The Cathedral of St. John the Divine? _____

REFERENCES not included above:

Name/Title/Company/Telephone Number: _____

WORKING WITH CHILDREN

What age group would you prefer to work with?

- Pre-School (ages 2-4)
- Kindergarten-Second Grade (ages 5-7)
- Third-Fifth Grade (ages 8-11)
- Young Teens (ages 12-15)

Have you ever been fingerprinted by previous employers? Yes No

If yes, when and by whom? _____

How did you learn of our employment opportunity?

Why are you applying to work at ACT?

How can you help ACT stay true to its mission?

Have you ever worked with children before? If so, what ages and in what capacity? If not, explain why you are interested in working with children:

What strengths and skills do you bring to this position?

How do you handle disruptive and rude behavior in a group?



You are tasked with planning a 45-minute indoor activity for a group of 10 children in your preferred age group. Please describe, in detail, how you will plan the activity with a beginning, middle and end, and how you will keep the children engaged throughout.

Beyond compensation, what can this organization provide you?

I certify that the information contained in this application is true and complete. I understand that any false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. I authorize the verification of any information listed above.

Print Name_____

Date_____

Signature_____