

Illinois State University Child Care Center

Teacher Aide Application

[www.childcarecenter.ilstu.edu](http://www.childcarecenter.ilstu.edu)

**Return application to:** Director, Illinois State University Child Care Center, Mail Code 5060 Child Care Center, 163 Turner Hall, Normal, IL 61790-5060 or via email: [ccarlso@ilstu.edu](mailto:ccarlso@ilstu.edu)

**Date:** \_\_\_\_\_ **Application for semester/yrs:** Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Full Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

**ISU ID#** \_\_\_\_\_ **Major** \_\_\_\_\_ **Year in School** \_\_\_\_\_

**Eligible for Workstudy?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Email** \_\_\_\_\_

**LOCAL address:** \_\_\_\_\_ Cell \_\_\_\_\_  
street apt. city/state zip

**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 times you are available to **work** between the hours of 7:30 a.m. and 5:30 p.m.

Monday	Tuesday	Wednesday	Thursday	Friday

Office use only: Date received \_\_\_\_\_ Email receipt \_\_\_\_\_ Interview date \_\_\_\_\_

Hours available match need Yes No Job Offered Yes No Date started \_\_\_\_\_

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

Type	Description
Paid or Volunteer Service (please include dates)	
Coursework	
Hobbies/Personal Interests	

**References: Please list 3 individuals over 21 years of age who are unrelated to you.**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
city      state/zip

Ph.(\_\_\_\_)\_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
city      state/zip

Ph.(\_\_\_\_)\_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
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, emptying trash, etc. I accept the responsibility of coming to work at scheduled times. I understand failure to meet job description, or to abide by policies and procedures of ISU Child Care Center may result in termination of employment.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_