**Catch A Star Learning Center Employment Application**

424 W Piper St, Macomb, IL 61455 309-833-2741 call / 309-837-9228 fax

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security XXX-XX-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Un-Paid Practicum \_\_\_Spoon River College CHD 109: Infant/Toddler Field Experience (80 Hours)

\_\_\_Spoon River College CHD 109: Preschool Field Experience (80 Hours)

\_\_\_Western Illinois University C&I 270: Education Field Work Seminar II (40 Hours)

\_\_\_Western Illinois University ECH 380: Field Work in Early Childhood Education I

\_\_\_Western Illinois University ECH 381: Field Work in Early Childhood Education III

* Cook Do you have a Food Sanitation License? Yes No
* Teacher’s Aide Are you at least 19 years old? Yes No

 Do you have a High School diploma or GED? Yes No

* Teacher Are you at least 19 years old? Yes No

 Do you have at least 60 s.h. of college education? Yes No

 Do you have at least 6 s.h. of child development education? Yes No

* Director Are you at least 21 years old? Yes No

 Do you have at least 60 s.h. of college education? Yes No

 Do you have at least 18 s.h. of child development education? Yes No

According to DCFS, staff must be able to demonstrate the skill and competence necessary to contribute to each child’s physical, intellectual, personal, emotional, and social development.

* Do you have the emotional maturity to work with children? Yes No
* Can you cooperate with the purpose and services of this program? Yes No
* Do you show respect for children and adults? Yes No
* Are you flexible, understanding, and patient? Yes No
* Are you physically and mentally healthy for childcare responsibilities? Yes No
* Do you have good personal hygiene? Yes No
* Do you have listening skills with availability and responsiveness to children? Yes No
* Can you use positive discipline and guidance techniques? Yes No
* Are you sensitive to children’s socioeconomic, cultural, ethnic and religious back-

grounds, and individual needs and capabilities? Yes No

* Do you have the ability to provide an environment in which children can feel com-

fortable, relaxed, happy and involved in play, and other activities? Yes No

* Can you submit the required DCFS proof of a physical exam that provides evidence

that you are free of communicable disease including tuberculosis, and physical or

mental conditions that could affect your ability to perform assigned duties? Yes No

* Can you pass the required DCFS background check that will be conducted through

the US Justice Department, IL Dept of Law Enforcement, Sec of State, and Child

Abuse and Neglect Tracking System? Yes No

* Do you have any experience with Infants 6 weeks to 8 mos? Yes No
* Do you have any experience with Infants 9 mos to 14 mos? Yes No
* Do you have any experience with Toddlers 15 mos to 23 mos? Yes No
* Do you have any experience with Two Year olds? Yes No
* Do you have any experience with Three Year olds? Yes No
* Do you have any experience with Four Year olds? Yes No
* Do you have any experience with School Age children? Yes No

College Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Area of Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many semester hours of college education have you completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_s.h.

List all colleges you have attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ­­­­­­Dates Worked | Name, Address, Phone # of PREVIOUS EMPLOYERS | Type of Work and Paid/Unpaid? |  |
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|   | Address and Phone Number | Relationship |  |
| REFERENCE Name |  |
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Please list any other specialized information that would make you a valuable asset to our team:

* Current CPR/First Aid/AED Certification
* Current IL Food Handlers Training Certificate
* Current DCFS Mandated Reporter Training Certificate
* IL Gateways Registry Membership Number
* Current Shaken Baby Syndrome Training Certificate
* Current Sudden Infant Death Syndrome Training Certificate
* Current CCAP Required Training on Child Development, Health, and Safety Basics?

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What date are you able to begin work for us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We are open Monday through Friday, from 6:30am-5:30pm

What are the hours you are available to work?

Mondays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesdays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesdays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursdays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fridays \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you foresee as a potential END DATE that you would be leaving Macomb and/or employment with us at Catch A Star Learning Center? Mid Jan/Mid May/Mid Aug/Mid Dec \_\_\_\_\_\_year

6/28/2021