

## Work-Study Staff Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Last First Initial  
 Permanent Address: \_\_\_\_\_  
 Street Address Apartment/Unit #  
 \_\_\_\_\_  
 City State Zip Code  
 Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Date Available: \_\_\_\_\_ Birthday: \_\_\_\_\_

Position Applied for: **Part-time Teacher's Aide**

	YES	NO		YES	NO
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked in a preschool, childcare, or daycare situation?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently in the Rutgers Payroll System?	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO	Emergency Contact Name & Tel #:		
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	_____		
If yes, explain: _____					

The successful applicant will undergo Child Abuse Record Inquiry (CARI) checks and must also undergo fingerprinting. These are mandatory conditions of employment and permanent employment is contingent upon an acceptable report of these findings. Applicants are not responsible for paying for the CARI or fingerprinting, but the applicant is responsible for making the necessary arrangements for the fingerprinting appointment. The Center does not provide transportation to the fingerprinting appointment. Fingerprinting must occur within 2 weeks of hire, as per law.

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 YES NO  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?   Degree: \_\_\_\_\_

Coursework related to child development, growth or related field:

Are you currently enrolled in a course relating to child development or education? If yes, list the course name.  
 YES NO  
  \_\_\_\_\_

Are you currently enrolled in any course relating to psychology, healthcare, nursing or other field related to child growth and development? If yes, list the course name.  
 YES NO  
  \_\_\_\_\_

**University Affiliation**

What is your major?

What is your anticipated graduation year?

**Previous Employment**

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?  YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?  YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*I understand that my continued employment at the Center is contingent upon acceptable results of my CARI check and fingerprinting.*

*I understand that my completed employment application, completed CARI form, fingerprinting, completion of Protection of Minors training, and completed reference forms are due within 2 weeks of hire.*

*I have received and read the Center's policy on the disciplining of children.*

*I have received and read the Information to Parents Statement.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reference Form

**Applicant Information (Name of Work Study Student)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

**Name of Person Providing this Reference**

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt./Unit #  
City State Zip Code

We are considering the individual above as a candidate for a Teacher's Aide position in our school. We would appreciate it if you would complete this reference form and return it to us via mail or fax (732-932-7519).

1. How long have you known the candidate? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. In what capacity/relationship? Did s/he work for you or with you? \_\_\_\_\_

3. This applicant will be working with children ages 1-6. Can you attest to the candidate's suitability to work with children of this age? YES NO

4. Is this candidate, in your opinion, of good character? YES NO

5. Are you aware of any strengths or weaknesses of this candidate which may relate to his/her job performance? Please explain.

\_\_\_\_\_

6. If this candidate worked for/with you, can you comment on:

Attendance \_\_\_\_\_  
Work Attitude \_\_\_\_\_  
Job Performance \_\_\_\_\_

7. Is there anything else you would like us to know about this candidate? Please detail below.

\_\_\_\_\_

8. Would you rehire this applicant? YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's initials giving permission for the above information to be released and kept confidential. \_\_\_\_\_

Reference Form

**Applicant Information (Name of Work Study Student)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

**Name of Person Providing this Reference**

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt./Unit #  
City State Zip Code

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3. This applicant will be working with children ages 1-6. Can you attest to the candidate's suitability to work with children of this age? YES NO

4. Is this candidate, in your opinion, of good character? YES NO

5. Are you aware of any strengths or weaknesses of this candidate which may relate to his/her job performance? Please explain.

\_\_\_\_\_

6. If this candidate worked for/with you, can you comment on:

Attendance \_\_\_\_\_  
Work Attitude \_\_\_\_\_  
Job Performance \_\_\_\_\_

7. Is there anything else you would like us to know about this candidate? Please detail below.

\_\_\_\_\_

8. Would you rehire this applicant? YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's initials giving permission for the above information to be released and kept confidential. \_\_\_\_\_

Reference Form

**Applicant Information (Name of Work Study Student)**

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

**Name of Person Providing this Reference**

Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Company: \_\_\_\_\_

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City State Zip Code

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\_\_\_\_\_

6. If this candidate worked for/with you, can you comment on:

Attendance \_\_\_\_\_

Work Attitude \_\_\_\_\_

Job Performance \_\_\_\_\_

7. Is there anything else you would like us to know about this candidate? Please detail below.

\_\_\_\_\_

8. Would you rehire this applicant? YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's initials giving permission for the above information to be released and kept confidential. \_\_\_\_\_

# Health Statement

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.  
Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code  
Phone: ( ) E-mail Address: \_\_\_\_\_

## Physician Information

Physician's Name \_\_\_\_\_  
Last First M.I.  
Address: \_\_\_\_\_  
Street Address Suite/Floor/Unit #  
City State ZIP Code  
Phone: ( ) Fax: ( )

## Health Information

Mantoux Test Date \_\_\_\_\_ Result \_\_\_\_\_

Chest X-Ray (If applicable) Date \_\_\_\_\_ Result \_\_\_\_\_

Physical Exam (within past 6 mos) Date \_\_\_\_\_

Are vaccinations current? YES  NO  Has this individual been vaccinated against Hepatitis B? YES  NO

Is there any reason(s) to preclude this person from working with young children?  
If yes, Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Comments \_\_\_\_\_

## Certification

I have examined \_\_\_\_\_ and have found him/her to be in good health, capable of performing the any necessary job requirements that are common to the early childhood classroom, and to pose no risk to others at the Child Study Center.

\_\_\_\_\_  
*Physician's Signature*

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

## Addendums

### INFORMATION TO PARENTS/STAFF

Under provisions of the ***Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)***, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at [https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer).

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents. Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).

Applicant's Initials \_\_\_\_\_

## DISCIPLINE AT THE CENTER

Discipline of children at the Center will be within the following principles and procedures.

- a. The procedures for discipline will be **positive**, and consistent with the developmental status of the child.
- b. The consequence for undesirable behavior will have relevance to the undesirable behavior.
- c. There will be no corporal punishment such as hitting; abusive language; ridicule, humiliation or frightening threats; or any other form of child abuse, neglect or exploitation.
- d. There will be no discipline by the withholding of emotional responses or stimulation.
- e. There will be no discipline by the withholding of the entire outdoor play period(s).
- f. Behaviors of the children with respect to rest, toilet training, or food preference, or acceptance, are not subject to discipline.
- g. Behaviors that might injure another person or thing may result in physical restraint when verbal directions to stop are ignored. If necessary, a child may be physically removed from the immediate situation where such behaviors occurred or were threatened.
- h. Discipline by "time out" may be used when verbal directions to stop undesirable behaviors or to carry out desired and desirable behaviors are ignored. "Time out" is always supervised by an adult and lasts only a few minutes or until the child regains control/composure.
- i. A child who does not follow the "time out" procedure or who refuses to stop undesirable behaviors such as physical aggression against another child may be taken to the director's office.
- j. Staff members will follow the customary discipline policy with regard to cases of biting. If, however, a child has bitten three or more children on any given day, the parents of the child will be called and asked to remove the child from school for the remainder of the day.
- k. If the biting incidents continue, the parents may be asked to remove the child from the program for a brief period of time in hopes of breaking the biting pattern. In the event that the incidents continue upon the child's return, the center reserves the option to permanently terminate the child's enrollment. Any biting injury that breaks the skin and causes bleeding will result in immediate verbal notification to the parents of the injured party.
- l. Parents and guardians are asked to refrain from physically disciplining their children while on center grounds. Other parents and visitors to the center may incorrectly assume that a child is being physically disciplined by a staff member which would be a violation of DYFS regulations and center policy.

Applicant's Initials \_\_\_\_\_

## STAFF TRAINING AND DEVELOPMENT

- a. In accordance with state mandates regulating child care centers, all staff must receive Orientation Training within 2 weeks upon hire and annually each year thereafter. Orientation Training shall include, at a minimum, the mandated topics as listed in Chapter 52, Manual of Requirements.
- b. In addition to Orientation Training, each staff member must complete Rutgers University Working with Minors/Protection of Minors training upon hire and annually thereafter, in accordance with University Policy.
- c. All staff must provide evidence of 12 hours of professional development training related to topics in child growth and development each year. Up to 6 hours of Orientation Training may be counted towards meeting the 12-hour requirement.
- d. Students actively enrolled in courses related to child growth and development may count their coursework towards meeting the 12-hour requirement; however, Orientation Training (upon hire/annually) must be completed, even if course participation exceeds the 12-hour minimum requirement.
- e. All professional development training completed between July 1-June 30 in a given year may be applied to meeting the training requirements in a given school year.

Applicant's Initials \_\_\_\_\_