



EMPLOYEE APPLICATION

Application Date: _____

Applicant Name: _____

Position Applying For: _____

Dear Applicant:

Thank you for choosing The Treehouse in your career path. We are dedicated to hiring top professionals who are motivated, reliable, and authentic. Applicants must show they understand and are able to meet the following requirements for employment by initialing each item below.

Please send completed application to Director@thetreehousehourlychildcare.com

Requirements for Employment (Please initial if applicable to You)

___ Is a High School Graduate or has G.E.D

___ Applicant must provide a copy of their driver's license or identification card and SS Card or birth certificate upon hiring.

___ Applicant is able to write and speak fluent English.

___ Applicant is at least 18 years or older

___ Has United States Citizenship, or is legally authorized to work in the United States

___ Is physically able to get up and down from floor activities

___ Possesses excellent customer service skills

___ Has the ability to meet all job requirements which might vary.

___ All hired employees are subject to Random Drug Test

___ Employees found under the influence of drugs or alcohol or with controlled substance within The Treehouse will be immediately dismissed.

___ Respect The Treehouse as a drug free, smoke-free environment

___ Has experience and the desire to care for children

PERSONAL INFORMATION

Name: _____ Phone Number: _____

Address: _____

Email: _____

Legally authorized to work in the United States: Yes No

Are you CPR certified? Yes No If no, are you willing to become CPR certified? Yes No

Are you able to lift up to 25 lbs? Yes No If no, explain: _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Are you presently employed? Yes No

Position applying for: Part Time Full Time

Expected Wage: _____

Hours/Days you cannot work: _____

Will you need a child attending The Treehouse while you are on shift? Yes No

Number of children and their ages: _____

EDUCATIONAL BACKGROUND

High School: _____ Received Diploma or Equivalent? Yes No

College: _____ Received Diploma or Equivalent? Yes No

Major: _____ Diploma Type: _____

Postgraduate College: _____ Received Diploma or Equivalent? Yes No

Major: _____ Diploma Type: _____

EMPLOYMENT HISTORY

Please attach a resume, if one has not already been submitted and complete OCFS forms 6002 & 6003 in full. Applicants will not be considered without the completion of the entire application.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
QUALIFICATIONS
Child Day Care Programs

PROGRAM NAME:	FACILITY ID NUMBER:
NAME OF PERSON WITH PENDING ROLE:	DATE OF BIRTH (mm/dd/yyyy): / /

The New York State Office of Children and Family Services (OCFS) child day care regulations identify qualifications and minimum requirements for caregiving staff in child day care programs. The information is included in section .13 of the regulations. Regulations can be obtained at ocfs.ny.gov/main/childcare/default.asp and from your licenser/registrar.

Instructions:

- Consult OCFS regulations for qualification and minimum requirements for your role.
- Complete sections that apply to your role in the program. You may attach a resume.
- You may be asked to submit additional documentation to demonstrate education, training, or child care experience.
- Please **PRINT** clearly

TYPE OF PROGRAM:	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
<u>ROLE IN PROGRAM</u>	<input type="checkbox"/> Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Volunteer <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher

Education/Training (if applicable for pending role)

Date Range	Degree, Major, Name of Credential, or Training	Institution	Number of Credits (if applicable)

Child Care Experience

Date Range	Description	Location	Age of Children

Supervisory Experience (applicable for pending role of Director at Day Care Center/School-Age Child Care program)

Date Range	Description	Location

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
REFERENCES
Child Day Care Program

Instructions:

- Please provide complete information for two people (one employment reference and one personal reference) we can contact.
- Relatives may **NOT** be used as references
- If you have been employed outside the home, please include an employer as one of your references
- Please **PRINT** clearly

PROGRAM NAME:	FACILITY ID NUMBER:
NAME:	

TYPE OF PROGRAM	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care
ROLE IN PROGRAM	<input type="checkbox"/> Provider <input type="checkbox"/> Assistant <input type="checkbox"/> Substitute	<input type="checkbox"/> Director <input type="checkbox"/> Teacher <input type="checkbox"/> Volunteer

REFERENCE #1 (Required)

Please check appropriate reference type: Personal Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? Yes No If NO, please specify language spoken:

REFERENCE #2 (Required)

Please check appropriate reference type: Personal Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? Yes No If NO, please specify language spoken:

REFERENCE #3 (Optional)

Please check appropriate reference type: Personal Employment

<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	NAME (Last, First, MI):		
BUSINESS NAME:		APT:	FLOOR:
ADDRESS:			
CITY:		STATE:	ZIP:
DAYTIME PHONE: () -		E-MAIL:	

Does reference speak English? Yes No If NO, please specify language spoken:

What 3 words describe your personality? (Describe their job-related importance)

- 1. _____

- 2. _____

- 3. _____

What are your future professional goals?

By completing this application, you give permission for the manager to contact your references, verify your past work history, conduct a criminal background check, verify your driving record, and contact your previous employers to determine your suitability in working in the child care center.

By signing this application, you affirm that the information is true to the best of your knowledge. You also agree to release The Treehouse for any liabilities that result from the verification. Thank you.

Applicant printed name _____

Applicant Signature _____ Date _____

Please send completed application to director@thetreehousehourlychildcare.com OR drop it off 255 Gaffney Drive, Watertown Ny 13601