We are glad to welcome prospective employees, interns, and volunteers to our organization. We ask that you complete the following paperwork before you begin your participation in our program:

- Availability Schedule
- Employment Application
  - Mantoux Test Date and Results
- W-4 Form (for paid employees only)
- State Central Register Clearance

You will receive a Substitute/Student Handbook or an Employee Manual, as appropriate. Please read it before you begin working with children. Your questions are welcome at any time.
Name: ______________________ Phone: ____________________
Email: ______________________

Circle the session to which this availability applies:

Fall Semester          Spring Semester          July & August

Beginning Date: ______________________
Ending Date: ______________________

Any time between:
9:00 a.m.- noon        M____ T____ W____ TH____ F____
Noon- 1:00 p.m.        M____ T____ W____ TH____ F____
4:00p.m.-5:30 p.m.    M____ T____ W____ TH____ F____

Do you have any full days available to substitute? ______
Half days? ______________________

Please read the Handbook before starting work at the
Campus Pre-School & Early Childhood Center, Inc. Then sign
and return this form to the office on your first day of
volunteering or work.

I have received and read the Campus Pre-School & Early
Childhood Center, Inc. Substitute and Student Worker’s
Handbook or the Employee Handbook.

NAME __________________________ Date: __________
Application for Employment

Personal

Date: ____________________

Name: ____________________ Social Security No.: ____________________
    last               first               middle

Present Address: ________________________________________________
    street               city               state               zip

Telephone: (_____) ____________________________

Are you legally eligible for employment in the USA? ______ State age if under 18 or over 70 ______

Position(s) applied for ____________________________________________

Did we previously employ you? ______ If yes, when? _________________________

If your application is considered favorable, on what date will you be available for work? _____________

Are there any experiences, skills or qualifications that you feel would especially fit you for work with our organization? __________________________________________________________

Record of Education

<table>
<thead>
<tr>
<th>School</th>
<th>Name &amp; Address of School</th>
<th>Course of Study</th>
<th>Check last Year Completed</th>
<th>Did you Graduate?</th>
<th>List Diploma or Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
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<td></td>
<td>5 6 7 8</td>
<td>Yes</td>
<td></td>
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<tr>
<td>High School</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>Yes</td>
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<tr>
<td>College</td>
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<td>1 2 3 4</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td>1 2 3 4</td>
<td>Yes</td>
<td></td>
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</tbody>
</table>
List below present and past employment, beginning with your most recent:

<table>
<thead>
<tr>
<th>Name, Address &amp; Telephone of Company</th>
<th>From</th>
<th>To</th>
<th>Weekly Starting Salary</th>
<th>Weekly Ending Salary</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
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</table>

I hereby give Campus Pre-School permission to contact the employers listed above concerning my prior work experience.

Signed __________________________

REFERENCES

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Telephone</th>
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</table>

Have you ever been convicted of a crime, excluding misdemeanors, traffic violations and summary offenses, which have not been annulled, expunged or sealed by a court? ________ If yes, describe in full.

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application oblige the employer in any way to employ me.

Signature of Applicant
Staff members are employed on the basis of their personal and professional qualifications and ability to meet the specifications of the position to be filled. There shall be no discrimination in employment because of sexual orientation, natural origin or veteran status. Job applicants will provide a resume with at least three references from non-family members.

**MEDICAL CLEARANCE**

**STUDENT ASSISTANTS AND VOLUNTEERS**

New York State regulations for childcare programs require that each employee and volunteer must have a Mantoux tuberculin test. This is to be updated every two years. The infirmary here at Binghamton University gives Mantoux tests free of charge.

Please contact the infirmary (#7-2221) to determine if you have had a Mantoux test. If you have had one within the last year, please bring the infirmary’s statement of the test date and results to the Campus Pre-School Office.

If you have not had a Mantoux test, arrange to have one at the infirmary and bring a statement of the test date and results to the Campus Pre-School Office.

**PRE-SCHOOL STAFF AND COMMUNITY SUBSTITUTES/VOLUNTEERS**

New York State regulations for child care programs require that each employee, substitute and volunteer must have a physical exam giving satisfactory evidence that he/she is mentally and physically fit to provide child care and a Mantoux tuberculin test prior to beginning employment.

If you have had a physical within the last year, which included a Mantoux test, have your physician’s office fill out the attached form and return it to the Campus Pre-School Office.

If you have not had either the Mantoux or the physical within the last year, please take the attached form to your physician and return it with the results of the Mantoux test.
# NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

## STATEWIDE CENTRAL REGISTER DATABASE CHECK

**Agency Use Only**

**ALL INFORMATION MUST BE COMPLETE. PLEASE PRINT OR TYPE**

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</table>

**PRINT BELOW THE ADDRESS ASSOCIATED WITH YOUR RID/CCFS NUMBER:**

**AGENCY NAME:**

**AGENCY LIASON:**

**STREET ADDRESS:**

**CITY:**

**STATE:**

**ZIP CODE:**

The particular classifications of persons who must or may be screened are set forth on the reverse side of this document. The alpha codes to complete the "Category" box above are also on the reverse side of this form.

**FOR ALL CATEGORIES:** Complete the following for yourself, your spouse, your children and any other person(s) in your home at the present time. MAKE SURE YOU COMPLETE ALL MAIDEN NAME/ALIAS SECTIONS THAT APPLY. IF NONE, STATE "NONE" List RELATIONSHIP in the spaces below (see reverse side for instructions). Attach additional page if necessary.

## APPLICANT/HOUSEHOLD MEMBER AREA

### PLEASE TYPE OR PRINT CLEARLY

**RELATIONSHIP TO APPLICANT**

<table>
<thead>
<tr>
<th>APPLICANT</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MAIDEN/ALIAS</th>
</tr>
</thead>
</table>

Please provide your current address and any other addresses at which you have resided for the last 28 years, including street, city and state. For Adoption, Foster Care, Family and Group Family Day Care, also include the same address history for household members 18 of age and older.

<table>
<thead>
<tr>
<th>CURRENT STREET ADDRESS</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS STREET ADDRESS</td>
<td>APT #</td>
<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
<td>FROM</td>
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<td>CITY</td>
<td>STATE</td>
<td>ZIP</td>
<td>FROM</td>
<td>TO</td>
</tr>
</tbody>
</table>

I affirm that all the information provided on this form is true to the best of my knowledge. I understand that if I knowingly give false statements, such action could be grounds for denial or dismissal from employment or denial or revocation of a license, certificate, permit, registration or approval.

**APPLICANT'S SIGNATURE**

**DATE**

**APPLICANT'S SIGNATURE**

**DATE**

## EIGHTEEN YEARS OLD OR OVER:

I understand that as a person eighteen years of age or over in a home of an applicant to become an Adoptive or Foster Parent or a Family or Group Family Day Care provider, the information I have provided will be used to inquire of the Statewide Central Register to determine if I am the subject of an indicated report of child abuse or maltreatment.

**SIGNATURE**

**DATE**

**SIGNATURE**

**DATE**