SBCCSI Support Staff Application

Office Use:
RA ____ Volunteer ____ TA_____ Work Study ____ W/S ID # _____

Today's Date:	**Semester/ Date Available to Start:**

Are you a SBU Student? No Yes If yes, Grad Undergrad SBU Graduation Date:

Name:
Address:
Cell Phone:
Home Phone:
Campus Phone:

Please circle the age you are interested in working with: **Infants and Toddlers** (2 months – 3 years old) OR **Preschoolers** (3 – 5 years old)

Please Note: Requirements for all employees at the Center include: a medical clearance (including tuberculin test), fingerprinting, background check and 3 written references.

Describe any experience/training you have working with children in this age group.   Did you take CFS 283 & 381? Yes No If yes, what semester & year _____

What hours are you available to work? (Center hours are 7:30am. – 6pm Monday - Friday)
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:

Are you available to work occasional evening hours if necessary (5:30 – 7:30 pm)? Circle: Yes No If yes, which evenings?

Are you available to work any school holidays, breaks or intersessions? Please specify.