



Skyline College Child Development Laboratory Center

Student Assistant Application for Employment

Date of Application: _____

Semester Applying For: _____

Personal Information:

Last Name:		First Name:	G#:
Mailing Address:			
City:		State:	Zip:
Cell Phone:		Home Phone:	
Skyline Email:			
Personal Email:			

- Are you able to show proof of current enrollment in at least six (6) units at Skyline College? YES NO
- Are you able to show proof of a negative or clear TB test within the last 12 months? YES NO
- Are you able to show proof of immunization and flu vaccination within the last 12 months? YES NO
- Are you receiving or eligible to receive a Federal Work Study grant this semester? YES NO
- Are you participating in or eligible to participate in the CalWORKs program? YES NO
- Have you been convicted of a crime other than a minor traffic violation? YES NO

If YES, please explain: _____

(A "YES" answer to the question about previous convictions will NOT result in an automatic disqualification for the position)

Employment History:

Please provide a history of your last two (2) jobs starting with your most recent employment:

Jobs	Dates:	Name & Phone of Employer:	Position Held & Supervisor:	Major Duties:	Reason for Leaving:
1.	From:	Name:	Position:		
	To:	Phone:	Supervisor:		
2.	From:	Name:	Position:		
	To:	Phone:	Supervisor:		



Types of Experience:

Please check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Title 5 Childcare Center | <input type="checkbox"/> Title 5 Family Childcare Home | <input type="checkbox"/> IHSD/Head Start Program |
| <input type="checkbox"/> Title 22 Childcare Center | <input type="checkbox"/> Title 22 Family Childcare Home | <input type="checkbox"/> Private Childcare Center |
| <input type="checkbox"/> Private Family Childcare | <input type="checkbox"/> Recreation Leader | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Infant/Toddler experience | <input type="checkbox"/> Preschool-age experience | <input type="checkbox"/> School-age experience |
| <input type="checkbox"/> Inclusion/Special Needs | <input type="checkbox"/> English Language Learner | <input type="checkbox"/> Challenging Behaviors |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Nanny | <input type="checkbox"/> Babysitter |
| <input type="checkbox"/> Other applicable experience: _____ | | |

Cultural Sensitivity Skills:

Describe the experience, training, or education that has prepared you to work in a multi-cultural, multi-lingual environment:

Available Positions:

Students are scheduled to work a consistent 20 hours per week, Monday through Friday during the regular academic year. Due to the nature of caring for and working with young children and families, we cannot be flexible with our staffing schedules. Make sure your schedule allows for 20 hours of work Monday through Friday.

Please select the position that you are most qualified to hold and the shift that you prefer to work:

SA – Teacher \$14.75-15.75 per hour <input type="checkbox"/>	SA - Associate Teacher \$13.50-14.50 per hour <input type="checkbox"/>	SA - Assistant \$10.00-11.00 per hour <input type="checkbox"/>
✓ Must possess a Child Development Teacher Permit through the California Commission on Teacher Credentialing ✓ Proof of CPR/First Aid if applicable Please indicate the shifts that you are available to work: <input type="checkbox"/> M-F 9:00-1:00 PM <input type="checkbox"/> M-F 1:00-5:00 PM	✓ Must possess a Child Development Associate Teacher Permit through the California Commission on Teacher Credentialing ✓ Proof of CPR/First Aid if applicable Please indicate the shifts that you are available to work: <input type="checkbox"/> M-F 9:00-1:00 PM <input type="checkbox"/> M-F 1:00-5:00 PM	✓ Must be enrolled in or have completed at least 6-12 ECE units Please indicate the shifts that you are available to work: <input type="checkbox"/> M-F 9:00-1:00 PM <input type="checkbox"/> M-F 1:00-5:00 PM

The information provided in this application for employment is complete and accurate to the best of my knowledge. I understand that falsification of any part of this application shall be sufficient cause for my disqualification from the selection process or termination from District employment.

Student Applicant Signature

Date

For more information, please call us at 650-738-7070 or email us at skylinecdc@smccd.edu.