

**HIS LITTLE LAMBS CHILD CARE CENTER
437 BORDER ROAD KEARNEYSVILLE, WV 25430
(304)724-9335**

**APPLICATION FOR EMPLOYMENT
(Please complete all blanks in full.)**

First Name: _____ MI: ___ Last Name: _____

Other Names Ever Used: _____ Email Address: _____

Mailing Address: _____

Physical Address (Not PO Box): _____

Home Phone: _____ Cell Phone: _____

Are you 18 years or older? Yes or No Do you have a Diploma or GED? Yes or No

What School or Board of Education did you receive your Diploma or GED from:

Please list any currently on-going or completed training/education in Early Childhood Development, Pre-school, or Elementary Education, and/or Pediatric Healthcare, include the Name of Institution, Month and Year of Completion, and any Credits, Certificates, Degrees, or Diplomas Awarded.

If you are selected for employment your hiring is based on background check clearances._

What position are you applying for? _____

What Age-Group do you prefer to work with? _____

When could you begin working? _____

Why are you interested in working with young children?_

Please describe your child care work experience starting with most recent job.

Employer: _____

Position: _____

Dates Employed: _____

Supervisor: _____ **Phone Number:** _____

Hours: _____ **Salary:** _____

Description of Job Duties: _____

Reason for Leaving: _____

Employer: _____

Position: _____

Dates Employed: _____

Supervisor: _____ **Phone Number:** _____

Hours: _____ **Salary:** _____

Description of Job Duties: _____

Reason for Leaving: _____

Employer: _____

Position: _____

Dates Employed: _____

Supervisor: _____ **Phone Number:** _____

Hours: _____ **Salary:** _____

Description of Job Duties: _____

Reason for Leaving: _____

Please provide three character references (not including previously listed supervisors).

- 1. Name:**_____ **Phone Number:** _____
Relationship:_____ **How Long Known:**_____
- 2. Name:**_____ **Phone Number:**_____
Relationship:_____ **How Long Known:**_____
- 3. Name:**_____ **Phone Number:**_____
Relationship:_____ **How Long Known:**_____

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MISSION STATEMENT

The staff of His Little Lambs Child Care Center believes it is our obligation and pleasure to provide each child in our care with a secure, safe, and loving environment during the time he or she is away from their mother and father.

In order to achieve this goal, our programs of child development are designed to deal with the physical, emotional, mental, and social aspects of the child. Each staff member will become familiar with these four aspects of each child in his or her charge and will strive to develop these aspects at the individual pace of each child.

Young children are very impressionable and what we want to impress on them is that they are loved, safe, disciplined, and our encouraged to develop to their full potential.

His Little Lambs Child Care Center is non-discriminatory in employment policies in regards to race, creed, religion, gender, national origin, sex, handicap, age or marital status.

By applying for a position with His Little Lambs Child Care Center, I hereby agree to the above mission statement and if I am to be hired, I will practice the above.

Employee Signature

Date Signed

HIS LITTLE LAMBS CHILD CARE CENTER

EMPLOYEE HANDBOOK ORIENTATION CERTIFICATION

I have met with the Director or designated staff member and discussed the Center's statement of purpose including the center's policies on fire safety, use of fire extinguisher, sanitation/infection control procedures, microwave, emergency training medical and non medical, statement of purpose, daily schedule, daily communication and special needs of children, prevention of injury both indoors and outdoors, behavior management and guidance, abuse and neglect reporting, protocol for staff when parent objects to medical treatment, policy on medication administration, confidentiality and information disclosure, and admission and discharge of children, staff classifications and policies affecting staff, exclusion and re-admittance of children due to illness, immunizations, grievance procedures for staff and families, attendance tracking throughout day, plan for the ongoing training, supervision, and evaluation of staff, review of licensing regulations, review of other regulatory requirements, review of administrative manual, and pest management policy and notifications. I have received a copy of the center's policies. I am aware of my right to grieve without retaliation against myself. I have been informed of my right to make a complaint to the State related to the center's compliance with the provisions of the WV Code 49-2B-1 et.seq. and the requirements of the Child Care Center Licensing Regulations.

Employee's Printed Name

Date Signed

Employee's Signature

Director Signature

Date of Hire: _____

Pay Rate: _____

Date of Termination: _____

Approved By: _____

Date: _____

Child Abuse & Neglect Reporting Policy

Reason this policy is important:

Besides being illegal, child abuse and neglect interfere with a child's healthy development and later achievement in life. State regulations may differ, but those in which reporting suspected abuse is mandatory usually include child care personnel. Child care staff and parents should be aware of reporting requirements and procedures for handling reports of child abuse and neglect. Information on where to call and how to report abuse and neglect should be posted, so it is readily available to parents and staff.

Procedure and Practice, includes responsible person(s):

All observations or suspicions of child abuse or neglect will be immediately reported to the Child Protective Services hotline: **1-800-352-6513**, no matter where the abuse might have occurred.

His Little Lambs Child Care Center will call to report suspected abuse or neglect.

All staff involved in the reported incident will follow the direction of Child Protective Services regarding completion of written reports. If the parent or legal guardian of the child is suspected of abuse, staff will follow the guidance of Child Protective Services regarding notification of the child's parent or legal guardian. Reporters of suspected child abuse or neglect will not be discharged for making a report; unless it is proven that a false report was knowingly made.

Signs of suspected child abuse or neglect will be recorded on the Accident/Incident Report, which will be kept in a confidential file.

Staff who are accused of child abuse may be suspended or give leave (with/without) pay, pending investigation with the accusation. Such staff may also be removed from the classroom and given a job that does not require interaction with children. However, no accusation or affirmation of guilt will be made until the Child Protective Services investigation is complete. Caregivers found guilty of child abuse or neglect will be immediately dismissed.

When this policy applies:

Whenever any staff member has reason to suspect that any child on the premises of this child care facility may have been abused or neglected by anyone.

Communication plan for Staff and Parents:

Staff and volunteers will receive a written copy of this policy in their Orientation Packets before beginning work. Current staff will have a copy added to their personnel file. All parents will receive a written copy of this policy in their Parent Handbook upon their child's enrollment.

Effective Date and Review Date:

This policy is effective as of _____ and will be reviewed annually or as needed.

Reviewed by:

Director or Assistant Director Signature

Date

Employee's Signature

Date

HIS LITTLE LAMBS CHILD CARE CENTER

EMPLOYEE EMERGENCY INFORMATION

Persons Authorized to Contact in an Emergency:

1. Name: _____
Physical Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Cell/Pager #: _____

2. Name: _____
Physical Address: _____ Apt. #: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____ Home Phone: _____
Cell/Pager #: _____

Primary Doctor:

Name: _____ Work Phone: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____
Work Phone: _____

Emergency Hospital Care:

Name: _____ Work Phone: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____

Health Insurance: _____

Policy #: _____ **Sponsor's Name:** _____

Allergies (food or medicine) or other health concerns:
