The Work-Family Connection
After School Enrichment Programs For Kids

PO Box 1155 | Whitehouse Station, NJ 08889 | Phone (908) 534-5935 | Fax (908) 534-5985

Dear Applicant,

Thank you for applying for a position with The Work-Family Connection (WFC). We are a not-for-profit community service providing quality enrichment programs for school-age children before and after school hours and during holidays and vacations, as well as summer camps. The Work-Family Connection, Inc. is an equal opportunity employer. We have been in existence since 1989. We are a team of professionals, employing both certified and non-certified teachers and school-age care professionals. NJ is an at-will employment State, meaning you can terminate your employment at any time, for any reason, with or without notice. Similarly, we reserve the right to terminate your employment at any time, for any reason, with or without notice. If at anytime we find information on your application to be false, we reserve the right to terminate your employment immediately.

Please follow these directions to successfully complete the attached documents:
Note: If you are being interviewed today, then Forms 1-5 must be completed, signed, and left with your interviewer. Otherwise, please mail them to the above address, Attention: Human Resources.

1. **School-Age Care Employment Application Form**
2. **Treatment Status and Non-Conviction Statement Form**
3. **Employment Eligibility Verification Form (I-9)**
4. **Employee's Withholding Allowance Certificate (W-4)**
5. **Child Abuse Record Information Consent Form (CARI Form)**

(You do not receive the CARI Form until after you have been hired.)

6. **Two Reference Request Forms:** Complete top portion only, and forward to two persons who are not relatives preferably who have witnessed your interaction with children and youth. Have them complete, sign, and forward the form to WFC Human Resources, or you may turn them in yourself.
7. **Employment Health Examination Form,** including record of Mantoux test (2 sides of a page) The Health Exam and Mantoux TB Test must be obtained at your expense for employment. Complete the top portion and sign it before giving it to your physician. You or your physician may send the form to us.
8. **Fingerprint Application Information Form** This is a worksheet of information you must give to Sagem Morpho Inc. Fingerprinting Center when you call or go online to make an appointment for a live-scan fingerprint. Be sure to obtain an appointment that does not conflict with your work hours. Submit to us the receipt given to you as proof that you have attended your fingerprinting appointment. This is referred to as the Receipt of Fingerprinting Service for Criminal History Record Information (CHRI)

(You do not receive the Fingerprint Application until after you have been hired.)

*We also require a **photocopy of your driver's license,** and **Social Security Card** or number, and your **current valid CPR and FIRST AID Certificates,** if you have obtained them.

IMPORTANT: Be advised that we must receive all of the above forms completed no later than two weeks after your start date. This is a strict requirement by the Child Care Licensing Dept. of New Jersey. You may mail, or bring paperwork, in person, to the WFC office.

Thank you in advance for your cooperation and your employment interest. *Enclosures*

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SCHOOL-AGE CARE EMPLOYMENT APPLICATION

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PERSONAL INFORMATION:

____

Full Name

____

Street City State Zip Code

____

Home Phone Cell Phone e-mail address

EMERGENCY CONTACTS: Please give two. Give numbers where they can be reached day and evening.

Name: ________________________________
Relationship to you: ____________________
Phone: ________________________________
Phone: ________________________________

Name: ______________________________
Relationship to you: __________________
Phone: ______________________________
Phone: ______________________________

EDUCATION: Attach a copy of your diploma(s), certificate(s), and resume.

____

School Major Dates Attended Degree

____

School Major Dates Attended Degree

WORK HISTORY & EXPERIENCE WORKING WITH CHILDREN:

____

Employer Dates Duties

____

Employer Dates Duties

____

Employer Dates Duties

REFERENCES: List two professional or character references. NO RELATIVES.

____

Relationship to you Name Address and Phone

____

Relationship to you Name Address and Phone

*** OVER >**

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AVAILABILITY:

1. Do you have your own transportation to rely on, so that you can get to work on time? YES NO
2. Are you willing to commit for an entire school year? YES NO
3. What date are you available to start work? ____
4. Please list a phone number where you may be reached during the day and evening.

Phone/Cell Number:_____________________________ **Days/Hours:**______________________

5. At which program locations would you be interested in working? Check all that apply.
(We cannot guarantee that you will be placed in one of these locations or that you will work exclusively in one location.)

Hunterdon County
Alexandria Twp _____
Califon _____
Clinton Twp _____
Franklin Twp _____
Frenchtown _____
Harmony _____
High Bridge _____
White Twp _____

Morris County
Chatham _____
Florham Park _____
Harding Twp _____
Long Hill Twp _____
Mt. Arlington _____

Union County
Roselle Park _____

6. Approximately what hours are you willing to work? Check all that apply.

_____ **Before School Program (approximately 6:55am to 8:55am)**
_____ **After School Program (approximately 2:30pm to 6:30pm)**
_____ **Kindergarten Wrap-Around (approximately 8am to 4pm) –** ***Only available in Chatham.***
______**Summer Camp (hours vary depending on district)**

7. How many total hours per week do you prefer to work? _____________
8. Are you interested in the possibility of working summer hours? YES NO
9. Do you currently have a valid: (if so, please provide us with copies)

First Aid Certification? YES NO Expiration Date?___________________
CPR Certification? YES NO Expiration Date?___________________

BIOGRAPHY: Please write two or three sentences about yourself for the Parent Bulletin Board and Newsletter. Include your full name/your work experience with children/your education and certifications. You may also include the town you live in/family, spouse, kids, pets/hobbies, interests, clubs, travel, etc. Please be brief.

____
____
____
____
____
____

SIGNATURE: ______________________________________ **DATE:** ___________________

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TREATMENT STATUS & NON-CONVICTION STATEMENT

The following information must be completed, signed, and submitted to Human Resources prior to beginning work:

1. **TREATMENT STATUS**: To be completed by applicant

I, _______________________________________ state that:

______ I am not currently receiving treatment for alcoholism, drug abuse, child abuse, or any other related issue.

______ I am currently receiving treatment for: (check those that apply)

______ Alcoholism ________ drug abuse _________ child abuse

Signature **Date**

2. **NON-CONVICTION STATEMENT**: To be completed by applicant

I, _______________________________________ state that I have never been convicted, by law of any State, OF ANY CRIME, including but not limited to; lascivious acts with children, child neglect, child abuse, disorderly conduct, or disorderly person's offense.

Signature **Date**

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REFERENCE REQUEST FORM

To: ____________________ Date: _______________
____
____

(Name of applicant) ____ has applied for a position teaching/supervising children. You have been selected as a person who can give a valid reference. Since we want to secure the very best teachers, your truthful, candid opinion will be most helpful in our selection process. Thank you, in advance, for your time. Please complete, sign, and return to The Work-Family Connection Inc. P.O. Box 1155 Whitehouse Station, NJ 08889

*Please circle the letter which represents your best estimate of the candidate's qualification with respect to each numerical point. Your truthful opinion is valued.

	A = Excellent	B=Good	C=Fair	D=Poor
1. Character	**A**	**B**	**C**	**D**
2. General Appearance	**A**	**B**	**C**	**D**
3. Tone of Voice	**A**	**B**	**C**	**D**
4. Professional Interest & Growth	**A**	**B**	**C**	**D**
5. Rapport with Children	**A**	**B**	**C**	**D**
6. Discipline Management	**A**	**B**	**C**	**D**
7. Health & Hygiene	**A**	**B**	**C**	**D**
8. Enthusiasm	**A**	**B**	**C**	**D**
9. Tact	**A**	**B**	**C**	**D**
10. Team Player	**A**	**B**	**C**	**D**

11. For what age group or grade level is this individual best suited? _______________
12. Do you recommend this individual without reservation? ___________________
13. Do you have additional information about this individual which might interfere with their success in working with children?
____
____
____

Signature **Date**

Daytime phone # **Email address**

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7. Health & Hygiene	**A**	**B**	**C**	**D**
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9. Tact	**A**	**B**	**C**	**D**
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EMPLOYMENT HEALTH EXAMINATION FORM

Patient's Name: ____

I authorize Dr. ________________________ to release medical information that pertains to me to The Work-Family Connection Inc / After School Enrichment Programs, in connection with my application for employment.

Signature of Applicant: _________________________________ Date: ______________

To be completed by Physician:

The above-named patient is applying for employment that involves teaching/supervising children. The Work-Family Connection Inc./After School Enrichment Programs requires a physician's statement verifying the applicant is in good health, free from communicable disease, and able to care for children. We ask that you answer the following questions according to the patient's records, at the patient's consent. We thank you in advance.

1. Patient MUST be tested for TB within a 6 month period of beginning employment. Has the patient been tested for communicable TB? **YES** **NO**

   Date test was administered:____________________ Test:_________________________

Results: _____________________________ (Note: A Mantoux test is required with 5 TU. Of PPD Tuberculin. A Tine test is not acceptable. A chest X-ray is required if the patient has had a previously positive Mantoux test, or if the patient has a known allergy to the standard test. Applicants who are currently pregnant or nursing or nursing are exempt from the TB requirement while pregnant or nursing

- **Continued on reverse side >**

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2. **Does the patient take any medications that may inhibit them from working with children?**
   YES NO

If yes, could this medication adversely affect his or her ability to care for children?

Explain:____

____

3. **Does the patient have a current communicable disease? YES NO**

If yes, please describe: ____

____

4. **How would you describe the patient's general physical and mental health?**
   (Please check one – either A, B, or C)

   A. _______ **Good physical and mental health, no limitations for working with children.**

   B. _______ **Health problem, but no limitations for working with children. Please explain:**
   ____
   ____

   C. _______ **Health problems which limit the ability to work with children. Please explain:**
   ____
   ____

Physician's Name (please print): ___________________________________

Physician's Signature: ____

Practicing office address: ____

Phone number: (   ) _______________________

Date: __________________________

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