



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) / After School Enrichment Programs (ASEP). 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./After School Enrichment Programs 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/ASEP 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:

Name _____

Street _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ e-mail _____ Social Security # _____

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

Name: _____	Name: _____
Relationship to you: _____	Relationship to you: _____
Phone: _____	Phone: _____
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 _____

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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 evenings/weekends.

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

Clinton Twp _____
Alexandria Twp _____
Franklin Twp _____
Bloomsbury _____

Morris County

Chatham _____
East Hanover _____
Florham Park _____
Long Hill Twp _____

Union County

Roselle Park _____

Essex County

Montclair (*camp only*) _____

6. Approximately what hours are you willing to work? Check all that apply.
_____ **Before School Program (approximately 7:00am to 8:45am)**
_____ **After School Program (approximately 2:30pm to 6:30pm)**
_____ **Kindergarten Wrap-Around (approximately 8am to 4pm) – Only available in Clinton, Chatham, Alexandria Twp, and Long Hill Twp.**
_____ **Summer Camp (hours vary depending on needs of the camp)**

7. How many total hours per week do you prefer to work? _____

8. Are you interested in working summer hours? YES NO

9. Do you currently have a valid: (if so, please provide us with copies)

First Aid Certificate? YES NO **Expiration Date?** _____

CPR Certificate? YES NO **Expiration Date?** _____

If yes to both or either, kindly submit a copy of the certificate(s) with this application.

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

If receiving treatment, please explain:

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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Date

Daytime phone #

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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**

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2. Does the patient take any medication(s)? 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: _____