Your Contact Information

First Name: ___________________________  Last Name: ___________________________

E-mail Address: ___________________________  Phone: ___________________________

Date of Birth: ___________________________

Local Mailing Address: ___________________________

Which position are you applying for?

Are you currently working on campus?

What degree are you working towards and what year are you in?

Why are you interested in working at the Susan Gray School?

What strengths do you feel that you could bring into our program?
What experience do you have working with young children with or without disabilities?

Why do you enjoy working with young children?

5 hours per week is the minimum workload. Please indicate the hours you would be available to work below:

- **Mornings:**
  - Monday 7:30-8:30
  - Tuesday 7:30-8:30
  - Wednesday 7:30-8:30
  - Thursday 7:30-8:30
  - Friday 7:30-8:30

- **Afternoons:**
  - Monday 3:00-4:30
  - Tuesday 3:00-4:30
  - Wednesday 3:00-4:30
  - Thursday 3:00-4:30
  - Friday 3:00-4:30

- **Late Afternoons:**
  - Monday 4:00-6:00
  - Tuesday 4:00-6:00
  - Wednesday 4:00-6:00
  - Thursday 4:00-6:00
  - Friday 4:00-6:00

Are there days that you would be willing to be a floater outside of the hours listed above in case help with coverage is needed? (These hours would be in addition to the times listed above)

If hired, you will need to be able to submit three letters of recommendation prior to start date. Will you be able to get these three letters?

- Yes
- No

If hired, you will be required to submit a copy of your high school diploma prior to your first day of work. Will you be able to submit a copy of your diploma to the Administration at Susan Gray School?

- Yes
- No

If hired, you will be required to complete approximately 8 hours of online training. Will you be able to do this before your first day of work?

- Yes
- No
Do you have CPR/First Aid Certification?

☐ Yes
☐ No

If yes, what is the expiration date?


Are you a US citizen

☐ Yes
☐ No

Are you authorized to work in US?

☐ Yes
☐ No

If hired, when are you available to start?


Please complete the following pages regarding references before submitting your application
### 3 References

1. **First Name**  
   **Last Name**  

   **E-mail Address**  
   **Phone**

   **For SGS Staff Only:**
   - How do you know the person who interviewed?
   - What knowledge do you know the person have about working with children?
   - How do you feel about their quality of work?
   - What do you know regarding their attendance and/or punctuality?
   - What do you of the initiative?
   - Where they able to communicate well with you and carry on a meaningful conversation?
   - Were they dependable?
   - Do you have any concerns related to them working with young children?

2. **First Name**  
   **Last Name**  

   **E-mail Address**  
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First Name: ___________________________  Last Name: ___________________________

E-mail Address: ___________________________  Phone: ___________________________

**For SGS Staff Only:**

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