

## POSTING

Edustaff, LLC

Expiration: September 29th, 2023

### **After School Daycare Caregivers - Multiple Openings**

**POSITION:**

**Caregiver to ages 5 and up**

- About 15 hours weekly with opportunity for more
- Monday through Friday during the school year from 3:00 pm-5:30 pm
- Snow days, half days and breaks required when scheduled

**REQUIREMENTS:**

**Details on next page**

- Minimum: GED/High School diploma
  - LARA background check (No cost)
  - TB test
  - CPR infant/toddler certification (No cost)
  - Continuing education 20+ hrs per year
- \*Trainings are arranged by MAPS

**Training hours are paid and fees are reimbursable after 20 full days of work.**

**SALARY:**

**\$17.00 per hour** with potential for increased pay and benefits with transition into other MAPS Early Childhood Education and Daycare Programs

**EXPIRATION:**

Until Filled

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**\*APPLICATION\*:**

Fill out support staff application, provide copies of any credentials

Return application to Sara Schubert at [sschubert@manistee.org](mailto:sschubert@manistee.org)

**MAPS Preschool, GSRP, Before School/After School Care, and Summer Care  
STAFF TRAINING REQUIREMENTS FOR FULL TIME, PART TIME STAFF AND SUBS**

**Name:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**MAPS Required Paperwork -**

EduStaff enrollment: [HERE](#)

**LICENSING REQUIREMENTS: Evidence of all trainings MUST be submitted to Sara Schubert (sshubert@manistee.org)**

**PRIOR to Contact w/ Children:**

\_\_\_\_\_ New Staff Orientation - Review program policies, procedures, licensing rules, duties, etc.  
\_\_\_\_\_ TB Test - Not older than 1 year - HD Fee  
\_\_\_\_\_ CCBC - [Child Care Background Check](#)  
\_\_\_\_\_ Signed Abuse/Neglect Form  
\_\_\_\_\_ BBP - Infectious Diseases (annually via [SafeSchools](#))

**WITHIN 90 DAYS of 1st Day of Employment:**

\_\_\_\_\_ [MiRegistry](#) Health & Safety Training

- Course 1 : Event ID # 89585 **(4 hrs)**
- Course 2: Event ID # 89586 **(4 hrs)**
- Refresher Course (completed annually) Event ID # - 101160 (annually **-3 hrs**)

\_\_\_\_\_ CPR & First Aid (infant/toddler) (AND every 2 years)

**ANNUALLY - January - December**

\_\_\_\_\_ **24 hours** of annual training (Jan1-Dec 30th) - On-line, in-person, webinars, Self-paced, conferences, etc)  
\_\_\_\_\_ [MiRegistry](#) Health & Safety Training

- Health & Safety Refresher Course, Event ID # - 101160 (annually **-3 hrs**)

\_\_\_\_\_ Staff Evaluation

## EDUSTAFF APPLICATION FORM

\_\_\_\_\_  
POSITION APPLYING FOR

\_\_\_\_\_  
DATE OF APPLICATION

NAME: \_\_\_\_\_

\_\_\_\_\_  
MAILING ADDRESS:    Number / Street / Road

\_\_\_\_\_  
Apt. # or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ PRESENT/LAST SALARY \_\_\_\_\_  
(hrly/wkly/yrly)

ARE YOU CURRENTLY UNDER CONTRACT? ☐ YES ☐ NO

If "Yes," WHEN DOES IT EXPIRE? \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO

CURRENT EMPLOYER: \_\_\_\_\_

ADDRESS/CURRENT EMPLOYER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAY YOUR PRESENT EMPLOYER BE CONTACTED?    ☐ Yes    ☐ No

WHEN WOULD YOU BE AVAILABLE FOR A PERSONAL INTERVIEW? \_\_\_\_\_

### WORK EXPERIENCE:

Name/Address of Employer	Supervisor's Name & Phone Number	OK to contact? (yes/no)	Nature of Work	Employment Dates From - To	Reason for Leaving

### EDUCATION AND PROFESSIONAL TRAINING:

List High Schools, Colleges/ Technology School &/or Universities Attended	Location	Years Attended or Graduated & Degrees Received	Area of Study

ARE YOU PRESENTLY WORKING TOWARD A HIGHER DEGREE? \_\_\_\_ YES \_\_\_\_ NO  
IF “YES,” WHAT IS YOUR EXPECTED COMPLETION DATE AND DEGREE EXPECTED? \_\_\_\_\_

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**REFERENCES:**

NAME	POSITION TITLE	ADDRESS	PHONE NUMBER & EMAIL ADDRESS

**EXPERIENCE WORKING WITH STUDENTS:** List experience you have had working with young people,, scout work, summer camps, etc.

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_ YES \_\_\_\_ NO  
IF “YES,” INDICATE THE TYPE OF CONVICTION, DATE, AND COURT WHERE THE CONVICTION OCCURRED:

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**HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR** (excluding a minor traffic offense)? \_\_\_\_ YES \_\_\_\_ NO (Note: Conviction record will not necessarily be a bar to employment.)

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**Signature (Full Name)**

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**Date**

I hereby consent that any former or current employer, whether named in this application or not, may release all employment records of the applicant to the District. I also consent to a physical and drug test as part of the screening process. I understand I must undergo a Criminal History Record Check.

I hereby authorize the District to inquire and verify any information contained on this application for employment, and the District shall not be liable for any damages which may result from such inquiry or verification. I understand that making any misleading or untrue statement on this application may result in my dismissal. If accepted for employment, I understand that this application will become a permanent part of my personnel records.

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job-related medical condition or handicap.*