

POSTING

Edustaff, LLC

Expiration: April 25, 2025

Summer Daycare Caregivers - Multiple Openings

POSITION:

Summer Caregiver to ages 5 and up

- Between 10 and 30 hours weekly with set days
- Monday through Friday with students for a range of hours between
- 7:30 am-5:40 pm
- Start date is June 2nd - beginning of summer break

REQUIREMENTS:

Details on next page

- Minimum: GED/High School diploma
- LARA background check
- TB test
- CPR infant/toddler certification
- Continuing education 20+ hrs per year
 - *Trainings are arranged by MAPS

Training hours are paid and fees are reimbursable after 5 full days of work.

SALARY/BENEFITS:

\$15.00 per hour with potential for increased pay and benefits with transition into other MAPS Early Childhood Education and Daycare Programs. Bring your kids ages 5 and up with you for \$5 per child, per day while you work. Children must be registered with the program.

EXPIRATION:

Friday, April 25, 2025 at 3 pm

***APPLICATION*:**

Fill out support staff application, provide copies of any credentials

Return application to Sara Schubert at 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 - \$5 fee (4 hrs)
 - Course 2: Event ID # 89586 - \$5 fee (4 hrs)
 - Refresher Course (completed annually) Event ID # - 101160 (FREE- annually -3 hrs)
- _____ CPR & First Aid (infant/toddler) - \$50-\$80 (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 (FREE- 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? _____

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.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF "YES," INDICATE THE TYPE OF CONVICTION, DATE, AND COURT WHERE THE CONVICTION OCCURRED:

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.)

Signature (Full Name)

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 untruthful 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.