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POSTING

7.17.26

Edustaff, LLC

Morning Daycare Caregiver

POSITION:

Caregiver to ages 5 and up

- 6-7 hours weekly
- 2 hours on Monday (7-9 am), 1 hour Tuesday-Friday (7-8 am), during the school year
- Snow days, half days and breaks required when scheduled

REQUIREMENTS: Details on next page

- Minimum: GED/High School diploma
- LARA background check (No cost)
- CPR infant/toddler certification (No cost)
- Continuing education 20+ hrs per year - Paid

SALARY:

\$15/hr

EXPIRATION:

Until Filled

***APPLICATION*:** Fill out support staff application, provide copies of any credentials
Return application to Traci Joseph at tjoseph@manistee.org

***District Policy:** Nondiscrimination on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in all activities and employment.*

**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:** _____

EduStaff enrollment: [Click Here](#)

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

PRIOR to Contact w/ Children:

_____ New Staff Orientation
_____ LARA Background Check
_____ Reviewed MAPS Discipline Process located in Center's Handbook
_____ [Caregiver Certification Form](#) - Completed after Orientation
_____ BBP - Infectious Diseases (annually via [SafeSchools](#) or EduStaff)
_____ [MiRegistry/ Michigan Virtual Health & Safety Training](#)

- Event 146305: Health & Safety for Licensed Child Care Providers, Module A - Free **(2 hrs)** •
- Event 146306: Health & Safety for Licensed Child Care Providers, Module B - Free **(3 hrs)** •
- Event 146308: Health & Safety for Licensed Child Care Providers, Module C - Free **(2 hrs)** •
- Refresher Course (completed annually) (FREE- annually **-3 hrs**)
- _____ CPR & First Aid (infant/toddler) - \$50-\$80 (AND every 2 years)

ANNUALLY - January - December

_____ **24 hours** of annual training (Jan 1-Dec 30th) - On-line, in-person, webinars, Self-paced, conferences, etc)
_____ MiRegistry Health & Safety Training
• Health & Safety Refresher Course, Event ID # - 161576 (FREE- annually **-3 hrs**)
_____ Staff Evaluation

GSRP Lead Teacher - Additional Training Requirements:

_____ TS Gold Interrater Reliability Test (3-6 hrs)
_____ Intro to Creative Curriculum (2 hrs)
_____ New to GSRP Training (2 hrs)
_____ CLASS Overview (2 hrs)
_____ ESI-R Developmental Training (2 hrs)

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 experiences you have had working with young people, i.e., 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.