



K.I.N.D. (*Kids in Need of Daily Care*) Care Inc.
802 Franklin St, P.O. Box 1177 Williamsburg, IA 52361
Application for Position

Name _____
Last First Middle
Address _____

Street, P.O. Box or Apt# City Zip

Social Security _____ Valid Driver's License ___yes ___no

Daytime phone _____ Evening _____ E-Mail _____

Position(s) you are applying for

Summers:

___ **Camp Counselor** ___ **Activity Specialist** ___ **Substitute** ___ **Breakfast Cook**

Days you can be available M T W R F Hours available 6am - 6pm _____

Full time ___yes ___no

Part Time ___yes ___no

School Year:

___ **Am Activity Specialist**

Hrs (6 am - 8 am) Delayed Starts extend to 10 am

___ **Am Activity Specialist:**

Hrs (6:30 Am - 8 am) Delayed Starts extend to 10 am

___ **Pm Activity Specialist:**

Hrs (3:15 pm - 6 pm) occasional early release days (1 pm - 6 pm)

___ **Sub on call:**

Days you can be available M T W R F Hrs 6 am - 6 pm _____

Do you have experience working with special needs children? Yes No

How did you hear about Kind Care _____

Education

School	Dates of Attendance	Degree

Work history or experience that relates to this position

Employer	Dates	Duties/Skills

References:

Name	Title	Phone	Personal or Employment
			P____E____
			P____E____

What age group would you **prefer** to work with _____5-6 _____7-8 _____9-12

Are you willing to work with any age group assigned? ____Yes ____No Why not? _____

Are you willing to comply with **all** training/health screen requirements listed below for this position? ____yes ____no (*training cost will be provided by Kind Care*)

Check all that you are currently certified in and please provide your expiration dates

- 1. ___ First Aid expires_____
- 2. ___ CPR expires_____
- 3. ___ Mandatory Reporter expires_____
- 4. ___ Universal Pre-Cautions expires_____

- 5. 10 hours of professional growth first year and 6 hours each year thereafter
- 6. Attend all staff meetings
- 7. Orientation

All childcare personnel must pass an Iowa criminal check, federal fingerprint search and provide a pre-employment physical.

Applicant Signature	Date
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