# K-STATE CENTER FOR CHILD DEVELOPMENT STUDENT AIDE APPLICATION

## **PERSONAL INFORMATION**

Name:		
Address:	_	
K-State Email: Phone	Number:	
Major:		
Expected Graduation Date (MM/YYYY):		
How many hours are you currently enrolled in?		
Have you received your high school diploma or GED?	Yes	No
Are you certified in First-Aid? Yes No Are you certifi	ed in CPR? Yes	No
Are you currently authorized to work in the United States?		No
EMPLOYMENT INFORMATION		
Have you worked for the K-State Center for Child Development before	re?	No
While working at the Center, will you have other part-time employm	nent? Yes	No
If so, will it be with another department on campus?	Yes	No
Number of hours/week you will work at the other department(s): Pl	lease	
select the position(s) you are applying for: Front Office Aide		
Kitchen Aide		
Classroom Aide		
Please select which semester(s) you would like to work:		
Fall		
Spring		
Summer		
Earliest date you are available to start:	_	

### **AVAILABILITY**

If applying for a **Front Office Aide** or **Kitchen Aide** position, please write your availability in the chart below. Front Office Aides are needed 7:00AM – 6:00PM, while Kitchen Aides are needed 7:15AM – 5:00PM.

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>

If applying for a **Classroom Aide** position, please select which shifts you will be available to work.

Monday	<u>Tuesday</u>	Wednesday	<u>Thursday</u>	<u>Friday</u>
7 :30 - 9:00	7:30 – 9:00	7:30 – 9:00	7:30 – 9:00	7:30 – 9:00
9:00 - 11:00	9:00 - 11:00	9:00 - 11:00	9:00 - 11:00	9:00 - 11:00
11:00 - 1:30	11:00 - 1:30	11:00 - 1:30	11:00 - 1:30	11:00 - 1:30
1:30 - 3:30	1:30 - 3:30	1:30 - 3:30	1:30 - 3:30	1:30 - 3:30
3:30 - 5:30	3:30 - 5:30	3:30 - 5:30	3:30 - 5:30	3:30 - 5:30

How many h	ours per week wo	uld you like to work?	

#### PREVIOUS WORK EXPERIENCE

Please list your work history, beginning with the most recent. Resumes will not be accepted in place of recording work history.

1.	Employer:	
	Start Date:	End Date:
	Hours/Week:	Rate of Pay:
	Reason for Leaving:	
2.	Employer:	
	Start Date:	End Date:
	Hours/Week:	Rate of Pay:
	Reason for Leaving:	
3.		
	Start Date:	End Date:
	Hours/Week:	Rate of Pay:
	Reason for Leaving:	
I attes	t that the above information is con	nplete, true and correct to the best of my knowledge.
Signatu	re of Applicant	

#### NOTICE OF NONDISCRIMINATION

Kansas State University prohibits discrimination on the basis of race, color, ethnicity, national origin, sex (including sexual harassment and sexual violence), sexual orientation, gender identity, religion, age, ancestry, disability, genetic information, military status, or veteran status, in the university's programs and activities as required by applicable laws and regulations. The person designated with responsibility for coordination of compliance efforts and receipt of inquiries concerning the nondiscrimination policy is the university's Title IX Coordinator: the Director of the Office of Institutional Equity, equity@k-state.edu, 103 Edwards Hall, 1810 Kerr Drive, Kansas State University, Manhattan, Kansas 66506-4801. Telephone: 785-532-6220 | TTY or TRS: 711. The campus ADA Coordinator is the Director of Employee Relations and Engagement, who may be reached at charlott@k-state.edu or 103 Edwards Hall, 1810 Kerr Drive, Kansas State University, Manhattan, Kansas 66506-4801, 785-532-6277 and TTY or TRS 711.