

Received _____

Contacted _____

Interviewed _____

Miller Child Development Laboratory School at Purdue University APPLICATION FOR STUDENT EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Last Name _____	First Name _____	M.I. _____
Address _____	City _____	State _____ Zip Code _____
Telephone Number(s) _____	Cell Phone Number _____	
Email Address _____	Purdue email address _____	

Have you ever been employed with Purdue before? Yes No
If yes, give dates and job title: _____

Do you qualify for work study Yes No
(Work study is noted in your financial aide award)

Student workers are expected to work at least 12 hours per week

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?
 Yes No *(Proof of citizenship or immigration status will be required upon employment)*

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)
If yes, please explain: _____

All employees of the MCDLS must consent to a drug test. I understand and agree _____ / _____ (initial / date)

A Criminal History Check will be completed by Purdue University.

EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				

Describe any relevant specialized training, qualifications, and/or skills:

EMPLOYMENT EXPERIENCE

Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude any organization which indicates race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Dates Employed	Work Performed
Address		
Telephone Number	Supervisor	Job Title
Reason for leaving	May we contact?	

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Address		
Telephone Number	Supervisor	Job Title
Reason for leaving	May we contact?	

PROFESSIONAL REFERENCES*

Please list three people, not related to you, who can comment on your potential as an employee of the MCDLS.

Name	Job Title	Telephone Number
Address	City	State Zip Code

Name	Job Title	Telephone Number
Address	City	State Zip Code

Name	Job Title	Telephone Number
Address	City	State Zip Code

PERMISSION TO CONTACT

I give the MCDLS permission to contact the references listed above. For employers listed in the Employment Experience section, I also give permission for the MCDLS to contact only those for whom I have answered “yes” or in the affirmative to the question: “May we contact?”

Signature of Applicant

Date

Please briefly answer the following questions.

1. What is your experience caring for or interacting with children between the ages of 6 weeks and 5 years of age? Describe work, volunteer, church, community or family experiences you have working with children.
2. What are the things you have especially enjoyed doing while caring for/ interacting with children?
3. Briefly explain your views on child guidance and discipline.
4. Why do you want to work at the MCDLS?

Please make sure to include a copy of your current semester class schedule.
OR your available work schedule