

## **JOB DESCRIPTION**

### **TEACHER**

#### **Salary Range:**

**Hours:** 40 hours per week

**Qualifications:** C.D.A., two-year or four-year degree in Early Childhood Education or related field. Experience working with groups of preschool age children required. Must have ability to relate well to children and adults (parents as well as other staff members.) Must have the ability to supervise one or more assistant teachers.

**Responsibilities:** Responsibilities include but are not limited to:

1. Teaching a class of children in a manner consistent with the philosophy and the goals of the center. This includes:
  - a. Treating each child with dignity and respect.
  - b. Planning activities, which will encourage each child's growth in the areas of emotional, social, cognitive, and physical development.
  - c. Recognizing and considering the individual needs of each child in relation to cultural and socio-economic background, disabilities, special talents and interests, style and pace of learning.
  - d. Helping children learn to think creatively, to solve problems independently, and to respect themselves and others.
2. Being responsible for the arrangement, decor, and learning environment in the classroom, keeping in mind that work done by the children should take precedence over decorations made by adults. Responsible for upkeep of educational materials and equipment. (Remove equipment needing repairs.)
3. Being responsible for reporting to the director any equipment repairs or replacements needed, maintenance needed in the room or elsewhere in the building or on the playground, and supplies that need to be reordered.
4. Planning and carrying out conferences with the parents of the children in the class. Keeping records on the children's development.
5. Generally promoting a good rapport among staff members.
6. Attending all staff meetings and programs sponsored by the center.
7. Actively seeking to continuously update skills by attending outside workshops and conferences whenever possible, by becoming active in professional organizations, and by constantly seeking new ideas and materials for use in the classroom with the children or to share with other staff members.
8. Maintaining the records that are required by center policy.
9. Maintaining strict confidentiality regarding children and their families.
10. Maintaining professional conduct and attitudes in working with parents and staff as well as visitors and the general public.

## EMPLOYMENT APPLICATION

Position:		Date Available:	
Full or Part Time:		Desired Salary:	
<b>PERSONAL</b>			
Name:	<i>Last</i>	<i>First</i>	<i>Middle</i>
Address:	<i>Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Home Phone: (    )		Alternate Phone: (    )	
Are you 18 years or older?	Yes	No	<i>If no, please state age:</i>
Do you have any medical condition(s) that may interfere with fulfilling the responsibilities of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
Have you ever been convicted of a felony, barrier crime or subject of a founded Child Protective Service complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If so, please explain:</i>			
Employment requires Criminal Background Clearances. Is this acceptable to you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
In case of emergency, please notify:			
Address (City, State, Zip)			
Phone :		Relationship:	
DISCLOSURE: Before driving a vehicle to transport children, I realize that I am required to disclose any moving traffic violation that occurred five years prior to or during employment or assignment as a driver.			
Signature		Date	

### EDUCATION AND TRAINING

1. Name and location of high school: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Date of graduation or GED: \_\_\_\_\_
  
2. Name and location of College/University: \_\_\_\_\_  
 Dates attended: \_\_\_\_\_ Number of years completed: \_\_\_\_\_  
 Degree(s) earned: \_\_\_\_\_
  
3. Additional training or certification that would be helpful in evaluating your application:

### EXPERIENCE

Begin with the current or most recent employment (including military experience). Use additional paper if necessary.

1. Position:	Dates: From _____ To _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Position:	Dates: From _____ To _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Position:	Dates: From _____ To _____
Employer:	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Address:	Job duties:
Phone:	Immediate Supervisor:
Reason for leaving:	Are you eligible for rehire? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary: From _____ To _____	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

Please describe any volunteer work or other experience related to child care:



REFERENCES		
1. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
2. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		
3. Name:	Title:	Relationship:
Company:	Phone: (W) _____ (H) _____	
Address:		

I understand that I will be required to submit written information to demonstrate that I possess the education, orientation training, staff development, certification, and experience required by the job position.

I hereby certify that the information given in this application is true and complete to the best of my knowledge.

Signature:	Date:
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<b>Office Use Only</b>		
Position _____	Date of Hire _____	Date of Separation _____

**REPORT OF TUBERCULOSIS SCREENING  
CHILDREN'S PROGRAMS**

Standards and child care policy require certain individuals to submit a report indicating the absence of tuberculosis in a communicable form when involved with (i) children's facilities regulated by the Department of Social Services or (ii) legally operating child care programs, excluding care by relatives, that receive Child Care and Development Funds. Each report must be dated and signed by the examining physician, the physician's designee, or an official of a local health department. When signed by the physician's designee, the form must also identify the physician/physician practice with which the physician -designated screener is affiliated.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_  
\_\_\_\_\_

1). \_\_\_\_\_ A tuberculin skin test (PPD) is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis, risk factors for developing active TB or known recent contact exposure.

2). Tuberculin Skin Test (PPD): Date given: \_\_\_\_\_ Date read: \_\_\_\_\_

Results: \_\_\_\_\_ mm Positive: \_\_\_\_\_ Negative: \_\_\_\_\_

3). \_\_\_\_\_ The individual has a history of a positive tuberculin skin test (latent infection). Follow-up chest x-ray is not indicated at this time due to the absence of symptoms suggestive of active tuberculosis.

4). \_\_\_\_\_ The individual either is currently receiving or has completed medication for a positive tuberculin skin test (latent TB infection) and a chest x-ray is not indicated at this time. The individual has no symptoms suggestive of active tuberculosis disease.

5). \_\_\_\_\_ The individual had a chest x-ray on \_\_\_\_\_ (date) at \_\_\_\_\_ (location) that showed no evidence of active tuberculosis. As a result of this chest x-ray and the absence of symptoms suggestive of active tuberculosis disease, a repeat film is not indicated at this time.

**Based on the available information, the individual can be considered free of tuberculosis in a communicable form.**

Signature/Title: \_\_\_\_\_

(MD/designee or Health Department Official)

(Print Name/Title)

Date: \_\_\_\_\_

Address (including name of practice, if appropriate):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_