



708 St. Louis Street • P.O. Box 250
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www.ecusd7.org
Dr. Lynda C. Andre, Superintendent



Date: _____ Social Security #: _____

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City, State) (Zip Code)

Telephone: _____ E-mail _____
(Home) (Cell)

Date of Birth: _____ Age: _____

Kid Zone offers three positions. Please check the one(s) you are interested in:

_____ **Program Coordinator**
(Full-time)

_____ **Site Coordinator**
(Part-time)

_____ **Counselor**
(Part-time)

Qualifications for each position listed below (check those that apply):

_____ **Program Coordinator**

_____ Degree in one of the following areas (please circle):

Education, Psychology, Social Work, Exercise Science, Other: _____

_____ 30 semester hours of college credit from an accredited college or university with 12 semester hours in courses related to school age child care, child development, elementary education, physical education, or related fields, and

750 clock hours of experience in recreational programs or licensed child care centers serving school age children

Site Coordinator

(Check either that apply):

_____ 30 semester hours of college credit from an accredited college or university with 12 semester hours in courses related to school age child care, child development, elementary education, physical education, or related fields, and

750 clock hours of experience in recreational programs or licensed child care centers serving school age children

OR

_____ 6 semester hours of credit from an accredited college or university related to school age child care, child development, elementary education, physical education or related fields, and

1560 clock hours of experience in a recreational program or licensed center serving school age children

Counselor

(Check all that apply):

_____ 30 semester hours of college credit from an accredited college or university with 6 semester hours in courses related to school age child care, child development, elementary education, physical education or related fields

OR

_____ High school diploma plus 3120 clock hours of experience in a recreational program, kindergarten, or licensed child care center serving school age children or a license exempt school age child care program operated by a public or private school

OR

_____ 6 semester hours of college credit from an accredited college or university related to school age child care, child development, elementary education, physical education or related fields, and

1560 clock hours of experience in a recreational program, or licensed child care center serving school age children or a license exempt school age child care program operated by a public or private school

Recent Experience:

If experience is child care related, please also list the age group with which you worked.

(Dates employed) (Institution) (Position) (Phone number)

(Dates employed) (Institution) (Position) (Phone number)

(Dates employed) (Institution) (Position) (Phone number)

Education:

(Check highest level of education)

____ Four year institution _____
 _____ (School Name) _____ (Major) _____ (Graduation Date)

____ Two year institution _____
 _____ (School Name) _____ (Major) _____ (Graduation Date)

____ Currently attending _____
 _____ (School Name) _____ (Major) _____ (Graduation Date)

____ High school _____
 _____ (School Name) _____ (Major) _____ (Graduation Date)

Certifications:

(Check all that apply)

____ CPR/ AED Date of Expiration: _____
 ____ First Aid Date: _____
 ____ Other Please List _____

Availability: Site Coordinator or Counselor positions only

(Check mark **all shifts** that you are available to work)

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
AM: 6:15-9:00					
PM: 3:15-6:00					

____ **Kid Zone Before School Program:** 6:15 - 9:00 a.m.

____ **Kid Zone After School Program:** 3:15 - 6:00 p.m.

____ **Kid Zone – Full Day Program:** 6:15 a.m. – 6:00 p.m. on most days when school is not in session
(Employees would work only a portion of each day. Hours determined by enrollment)

____ **Summer Zone Program:** May-July 6:15 a.m. – 6:00 p.m.
(Employees would work only a portion of each day. Hours determined by enrollment)

References:

Please identify individuals who are able to provide information regarding your qualifications for the position(s).

1)	_____	_____	_____
	(Name)	(Position)	(Phone)
2)	_____	_____	_____
	(Name)	(Position)	(Phone)
3)	_____	_____	_____
	(Name)	(Position)	(Phone)

Applicant's Acknowledgment and Agreement

Applicants for positions are advised that the making of a willfully false statement or knowing omission of any employment history on this application may constitute a Class A misdemeanor. Any materially false statements or omissions on this application for employment will be reason to deny the application for hire and will lead to termination of employment.

- Accordingly, I hereby acknowledge that the statements made herein are accurate and that I have not omitted any requested information.
- I acknowledge that if I am hired, I will be required to provide evidence of physical fitness to perform duties assigned and freedom from communicable disease in accordance with Section 24-5 of the *School Code*.
- I acknowledge that if I am hired, I will be required to abide by all rules, regulations and board policies of Edwardsville School District No. 7.

Applicant's Signature

Date

Authorization for Criminal Background Check

I authorize a background check into my prior employment and educational qualifications. I understand that I am subject to a criminal background investigation in accordance with the laws of the State of Illinois. I further understand that I may be subject to immediate dismissal if the investigation disclosed convictions of certain specified offenses under §10-21.9 of the *Illinois School Code*, 105ILCS 5/10-21.9, or in accordance with district policy and practice. I hereby authorize the District to initiate a criminal background check by the Illinois State Police Department and agree to execute any forms required for said investigation.

Applicant's Signature

Date