



## Welcome Applicant!

Thank you for your interest in being an associate at **The Kidz Garden**

To be considered for employment, you **must** have a criminal background check performed by the North Carolina Division of Child development & Early Education (NCDCDEE) and have the results in hand before you can officially start your first day working with the children.

To begin this process, you will need to go to the link provided. You will need to register for an NCID that is not a personal account. Please keep up with your information as it will be needed to login for results, complete other trainings and submit to the workforce unit.

Once you have filled out the application portion, you will need to **pay \$26** immediately and have access to a printer.

**You will need the printed form with you to get your fingerprints done, as well as your current identification card.**

<https://ncchildcarecbc.nc.gov/>

### FOR JOHNSTON COUNTY RESIDENTS ONLY

If you are a Johnston County resident, you will need to make an appointment at the following link.

During this process it will ask you the reason requesting for fingerprinting... select **30 NC Childcare Provider - State & Federal**

**The cost of this is \$19 and will need to be paid when you set your schedule.**

<https://johnstonso.permitium.com/fingerprint/application>

It is suggested that while you are awaiting your background check results that you use your login at <https://www.dcdde.moodle.nc.gov/> and complete the required Health & Safety Trainings

- ✓ **Year 2024 CCDF Health and Safety in Child Care &**
- ✓ **2024 Medication in Child Care**

and also **Responding and Recognizing Child Maltreatment** at

<https://www.preventchildabusenc.org/recognizing-responding-online-course/?fbclid=IwAR2epqAOniFMi8xasfFsd7wYvA6UpA8d1T32r3QMEv6ZnIhGuRlj-FEjb4>

- **Print certificates or remember login and password and we can do it at the office.**

You will also need to have a **health assessment** performed by a licensed medical professional and a **negative TB skin test** or chest X-ray before you can start. If you have one or both items from within the last year, they may be considered; please see director for further assistance.



## Job Description

### Family Childcare Assistant

#### Preservice Requirements:

At least 21 yes of age	Must pass NC DCDEE background check	Valid NC drivers license w/o any violations
Complete physical & negative TB skin test	2 Professional references	Ability to lift up to 40 lbs.

Willing to attend trainings as deemed necessary for the position and according to education and experience in early childhood.

#### Duties include but are not limited to:

- Representing the program in an appropriate manner
- Building rapport and interacting appropriately with children, families and government representatives
- Supervision and direct interaction with children
- Opening/closing of facility
- Planning and implementing fun engaging activities daily
- Accurately documenting on facility and state documents and programs
- Meal prep
- Assisting with toileting and diaper changing
- Going outdoors daily (weather permitting)
- Daily cleaning of facility used areas include a weekly dusting, daily sweeping and vacuuming, mopping the floors, washing the dishes, cleaning the bathroom and washing and folding laundry
- Driving the program vehicle to safely transport children or to run program related errands

\_\_\_\_\_ I understand that duties mentioned are an overview and this position may add or delete duties as deemed necessary for the position.

\_\_\_\_\_ I have received and read over a copy of this job description.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Application for Employment

Date of Application \_\_\_\_\_

**Please Print** (Fully complete both pages)

Last four digits of SSN	Last Name	First Name	Middle Name
Address (street number and name)		City	County
State	Zip Code	Phone (home or where you can be reached)	Business Phone

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ N. C. Driver's License Number \_\_\_\_\_  
 (month) (day) (year)

Have you ever been convicted of breaking a law other than a minor traffic violation? YES \_\_\_ NO \_\_\_ If yes, give the date and explain fully. Use an additional piece of paper if more space is needed: \_\_\_\_\_

Have you ever had an abuse or neglect or child maltreatment substantiation? YES \_\_\_ NO \_\_\_ If yes, list county/State and give the date and explain fully. Use an additional piece of paper if more space is needed: \_\_\_\_\_

(The offense(s) and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

## Education

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Schools	Name and Location	Dates Attended	Coursed of Study	Degree/Diploma
High School		to		
College or University		to		
		to		
		to		
		to		
Graduate or Professional				
Educational, Vocational Schools, etc.				

Child care training completed in the last three years (such as First Aid, CPR, Health and Safety Training, ITS-SIDS, CDA etc.):

## References

List the names, addresses, and phone numbers of people we may contact as references:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work History

(List child care/early childhood experience first.)

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)	Starting Salary \$            Per		Ending Salary \$            Per	Reason for leaving		May we contact employer? yes        no
Date Separated (mo/yr)			Duties:			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours per week						

Current or Last Employer			Address			
Job Title			Supervisor's Name		No. Supervised by you	
Date Employed (mo/yr)	Starting Salary \$            Per		Ending Salary \$            Per	Reason for leaving		May we contact employer? yes        no
Date Separated (mo/yr)			Duties:			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours per week						

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information of documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action, or dismissal if I am employed, and (or) criminal action. I further understand that dismissal on unemployment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Staff Health Assessment/Medical Report

10A NCAC 09 .0701 (Child Care Centers)

This document, completed by a health care professional prior to employment, indicates that the individual listed is emotionally and physically fit to care for children. This form must have been completed within the last twelve months.

Full name of individual:	
Home address:	
Phone number:	Email:

## To be completed by a health care professional

Date of assessment:
Does this applicant have any physical condition that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently under treatment that would limit their ability to work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
Is this applicant currently taking any medication that would affect his/her work with children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:
In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of health care professional:	Date:
Signature of health care professional:	
Address:	
Phone number:	

\*This information must be included in the staff member's medical file, which must be maintained separately from the staff member's individual personnel file in the center. Child Care Rule 10A NCAC 09 .0701(d).



## HEALTH AND SAFETY TRAINING RECORD

Child Care Rule . 1102 requires completion of health and safety training in all topics listed below within the 1<sup>st</sup> year of employment.  
 Thereafter, all topics must be completed once every 5 years.

**Attach all training certificates to this form.**

Name of Employee \_\_\_\_\_ Date of Employment \_\_\_\_\_

Health and Safety Training Topics	Date	Hrs. Rec'd	1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year
Prevention and control of infectious diseases, including immunizations							
Prevention of Sudden Infant Death Syndrome and use of safe sleep practices <b>*FCCH operators, center infant staff and administrators must take the NC ITS-SIDS Course – not this course. If you have current ITS-SIDS certification, you are not required to complete this training.</b>							
Administration of medication, with standards for parental consent.							
Prevention of and response to emergencies due to food and allergic reactions.							
Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic.							
Emergency preparedness and response planning for emergencies resulting from a natural disaster or a man-caused event.							
Handling and storage of hazardous materials and the appropriate disposal of biocontaminants.							
Precautions in transporting children, (if applicable).							
Prevention of Shaken Baby Syndrome, Abusive Head Trauma and child maltreatment.							
Recognizing and reporting child abuse, child neglect and child maltreatment							
CPR & First Aid Training – within 90 days of employment and renewed on or before expiration of the certification—hours <b>NOT</b> counted toward on-going training requirement		NA					

Attach certificates of trainings to this form

I completed training in the topics listed above.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_