STUDENT APPLICATION

Child Development Labs, 843 Bolton Road, Unit 1117, Storrs, CT 06269
Phone: 860-486-2865 Fax: 860-486-5278

NAME_________________________ What is your major?______________________________

E-mail Address________________________ What semester are you in?________________________

Phone # ___________________________ Work Study _____ Student Labor _____

If there are no classroom positions, are you interested in the possibility of office work? ____yes ____no

How many hours would you like to work each week?________

What is the maximum number of hours you will commit to working each week?________

Do you have Infant/Child CPR and first aid training? ____________
(Please attach copy of both sides of your certification card)

Please attach your printed course schedule from Peoplesoft. You must be available every Wednesday from 3:35-4:25 for training sessions in order to be considered for employment. Scheduling is based upon classroom needs. If your schedule changes, notify me as soon as possible. You can reach me at janice.boltseridge@uconn.edu or (860) 486-2865. If selected, you will receive your work schedule via e-mail.

AVAILABILITY
(Please circle ALL shifts you are available to work. You must have AT LEAST two shifts on different days)

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<th>Tuesday</th>
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MANDATORY TRAINING 3:35pm – 4:25pm

New applicants: Briefly describe your experiences with young children ages 6 weeks through 5 years of age.

Additional Comments: