

## **Teaching Assistants Application Southern Illinois University Edwardsville Early Childhood Center**

www.siue.edu/earlychildhood/

Return application to:

Date:

Southern Illinois University Edwardsville Early Childhood Center			Applying for (indicate YEAR):					
795 NW University Dr., Campus Box 1076	6							
Edwardsville, IL 62026			Fall	Spring	Summer			
Name:	Age:	DOB:		BANNER ID	#: 800			
Cell:	Home:	Other:						
SIUE E-mail address:		Other E-mail address:						
LOCAL (campus) address:		/C+/C:+/C+-	+- /7:-)					
		(Street/City/Sta	te/Zip)					
HOME (mailing) address (if applicab	le) :	(Street/City/Sta	te/Zip)					
Driver's license number:	s	tate:		Evniration data	٠.			
Driver's license number.	3	tate		LXPITATION GAU	<b>-</b>			
Major:	Year in School:			Work-stud	γ?			
<ol> <li>Have you been convicted of a vio</li> <li>Are you able to lift at least 45 po</li> <li>Number of semesters left ON CA</li> <li>Number of hours you wish to wo</li> </ol>	unds? <b>Yes</b> MPUS prior to grad	<b>No</b> (If ye	s, please	explain on bad	ck of page.)			
5. List all the FREE TIME YOU HAVE	E AVAILABLE TO W	ORK betwe	en the h	ours of 7:30 a.	m 5:30 p.m.			
Monday Tuesday	Wednes	day	_ Thu	ırsday	Friday			
6. Attach your CONCISE OR STUDEN	NT DETAIL SCHEDU	LE for the s	emester	you are applyi	ng for.			
<b>Experience:</b> Include any type of <b>pai</b> child development, hobbies and pe				• • • • • • • • • • • • • • • • • • • •				
If hired as an employee, I will atter policies and procedures of SIUE Ear dish washing, meal service, changin scheduled times. I understand failu Early Childhood Center may result i	ly Childhood Centeng soiled clothes, et re to meet job described.	r. I underst c. I accept cription, or	and my the resp to abide	duties may be onsibility of co	varied, including ming to work at			
Signature				Date				