Dear Applicant,

Thank you for your interest in employment with the ODU Children's Learning and Research Center. While we accept applications year-round, we hire teaching assistants based on the specific needs of our classrooms. Your class schedule and work availability, as well as your interview process, will also be considered.

If you are hired, you will need to complete the following:

- Virginia Department of Social Services Background Check Form. You will need a \$10.00 money order made out to the Virginia Department of Social Services (VDSS).
- **Fingerprint Background Check.** This background check is administered through Fieldprint and will be scheduled during your interview.
- Negative TB test/screening (Student Health Center does them free for ODU Students)
- Valid Driver's License or State Issued ID

The starting pay is **\$12.00** per hour with the opportunity to increase when training and professional development requirements are met in addition to a recommendation by the lead teacher.

If you have any questions or would like to check on the status of your application, please email clrc@odu.edu

Sincerely,

Kimberly Williamson, Director

Date of application	

## STUDENT HOURLY APPLICATION ODU Children's Learning & Research Centers

Hours of Operation: Monday through Friday 7:30 am - 5:30 pm

Infant and Toddler Building: 1020 W. 47<sup>th</sup> Street, 757-683-3320

Preschool Building: 45<sup>th</sup> & Hampton Blvd. (Lions Child Study Center), 757-683-4987

Norfolk, VA 23529

## PLEASE PRINT CLEARLY

PERSONAL INFORMATION:					
UIN#					
ODU Email Address					
Local Address					
ACADEMIC BACKGROUND:  Major	Expecte	d Graduation Da	ate (Month <i>i</i>	'Year)	GPA
Classification (please circle)					
SKILLS AND PERSONAL BACKGROUND:  Personal and work experience which qualify you for this position					
What do you see as your perso	nal strengths re	lated to this job	)?		
What do you see as your perso	nal weaknesses	related to this	job?		

	equires that you can get down on the floor and	be on their level.
Do you have any concerns Do you have any concerns Do you have any concerns	s about getting dirty? Yes No s about being outside in the heat or cold? Yes s about changing diapers? Yes No s about helping a child if they become sick? Ye of the above questions, please explain.	No s No
	oloyed on campus before? Yes No nmer employment? Yes No	
REFERENCES List names, phone number professional reference.	ers, emails and relationships of 3 persons, not re	lated to you, including at least one
Please list the courses yo	ou are taking this semester:	······································
,	-	Time
Please list the courses yo  Course	ou are taking this semester:  Days	Time
,	-	Time
Course	-	Time

Date

Signature