

DEPARTMENT OF CHILDREN AND FAMILIESDivision of Early Care and Education
Milwaukee Early Care Administration**Application for Assistant, Employee, Substitute or Volunteer**Position you are applying for: Assistant Employee Substitute Volunteer

Use of form: Completion of this application form meets the requirements pursuant to Department of Children and Families, DCF 202.04(3), of the Wisconsin Administrative Code. An application is considered officially received by MECA when submitted to MECA completely filled out with all required additional documents and fees. Personal information provided may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. It is very important to include a copy of social security card. If the social security card is not provided, it will cause delays in the processing of this application.

Name – Operator (First, Middle Initial, Last)		Telephone Number – Home	Cell Telephone Number
Home Address		City	Zip Code
Social Security Number	Federal Tax ID Number	Sex / Race	Date of Birth
Name – Child Care Facility	Email Address	Relationship to Applicant	

In order for this application to be complete, you MUST have the following:

- The applicant's completed Background Information Disclosure form and fee
- A copy of the applicant's social security card and picture identification
- A copy of the applicant's training certificates for Sudden Infant Death Syndrome, Shaken Baby Syndrome and 5 hours of continuing education per year – Fundamental of Family Child Care and Introduction to Child Care Profession – if applicable
- Applicant's TB test – if applicable
- Applicant's working hours
- New Hire report – if applicable
- W9 with a copy of FEIN attached from the IRS – if applicable
- Worker's Comp Insurance – if applicable
- Wages reported to Unemployment – if applicable
- Proof of substitute orientation – if applicable

Name – Applicant (First, Middle Initial, Last)	Birth Date	Sex / Race	Title of Position
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- By signature, I signify a willingness to provide MECA with information to verify whether or not the requirements for this application are met and further authorize MECA to make such investigations as is necessary for verification of these factors including access to premises any time during hours of operation.
- I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information now and in the future is grounds for sanctions under the authority of applicable statutes and or administrative codes. Credible statements made to the agency that contradict information I provide under my written testimony may also be grounds for denial of me as an assistant, employee, substitute or volunteer.

I understand all of the questions and statements on this application form.

Name – Assistant, Employee, Substitute or Volunteer (Type or Print)

SIGNATURE – Assistant, Employee, Substitute or Volunteer

Date Signed

FOR OFFICE USE ONLY

Decision

SIGNATURE – Supervisor

Date Signed