

The Country Playhouse Learning Center, Inc.

Employment Application or Volunteer Service

1515 Chinook Ave. Enumclaw, WA 98022 360-825-4666

1. The Country Playhouse Learning Center, Inc. does not discriminate in its hiring practices on the basis of race, sex, national origin, religion, marital status, age or disability with three exceptions: you must be over 16-years old to work with supervision in a daycare facility, you must be 18-years old to be in charge of a sole group of children, or you must meet the minimum state requirement of 45 ECE (Early Childhood Education) credits and have at least 2 years working experience working in a child care center setting to qualify for a management position.
2. Employment or volunteer service in a licensed childcare facility is conditioned on a background check completed by the DEL, State Patrol and FBI.
3. Upon employment, you will be required to show proof of identity, citizenship and college education.

Position Applying For: Click or tap here to enter text.	Date: Click or tap to enter a date.	Phone #: () -
Name: Click or tap here to enter text.	Birthdate: Click or tap to enter a date.	Social Security #: Click or tap here to enter text.
Address: Click or tap here to enter text.	City	State & Zip Code Click or tap here to enter text.
Days & Hours you are willing to work: Click or tap here to enter text.	When are you available? Click or tap to enter a date.	Expected Salary Click or tap here to enter text.
Do you have a current:	<u>YES</u>	<u>NO</u>
1. Washington Food Service Worker Permit? (required) (required of all staff at The Country Playhouse Learning Center, Inc.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Tuberculosis test result? (required) (required of all staff persons having regular contact with children)	<input type="checkbox"/>	<input type="checkbox"/>
3. First Aid card? (required)	<input type="checkbox"/>	<input type="checkbox"/>
4. CPR Card (required)	<input type="checkbox"/>	<input type="checkbox"/>
5. Portable Background Check (required)	<input type="checkbox"/>	<input type="checkbox"/>
6. HIV/Aids Training Certificate? (required)	<input type="checkbox"/>	<input type="checkbox"/>
7. Washington State Driver's License? (any staff driving a child must have a valid driver's license)	<input type="checkbox"/>	<input type="checkbox"/>
Education:		
High School graduate or General Education Development (GED) test passed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Early Childhood Education course work in high school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Post High School Training		

Name & Location	Dates	Credits Earned	Graduation	Degree	Major or Subject

Conferences/Workshops Related to Job Duties

Title of Conference/Workshop	Clock Hours	Trainer or Sponsor

Employment Information	
Please give accurate, complete full-time & part-time employment records. Start with present or most recent employer.	
Company:	Telephone:
Address:	Employment Period: (month & year) From: To:
Name & Title of Supervisor:	Hourly Wage Start: Last:
Job Title & Describe Your Work:	Reason for leaving:

Company:	Telephone:
Address:	Employment Period: (month & year) From: To:
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Address:	Employment Period: (month & year) From: To:
Name & Title of Supervisor:	Hourly Wage Start: Last:
Job Title & Describe Your Work:	Reason for leaving:

Volunteer Work/Membership in Professional or Civic Organizations Related to This Position

Describe your duties &/or any special training:

LIST NAMES OF THOSE ABLE TO GIVE CHARACTER REFERENCES. DO NOT INCLUDE FORMER EMPLOYERS OR RELATIVES.

Name	Relationship	City/State	Phone #	Occupation

I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if I am employed. I authorize an investigation of statements contained in this application which allow the employer to make an employment decision.

Applicant Signature: _____ Date: _____

Employment Questionnaire

1. Why would you like to be hired for this position?

2. List at least two of your strengths:

1. _____
2. _____
3. List at least two of your weaknesses:
 1. _____
 2. _____
4. From your past experience, what are some of your likes and dislikes in caring for children or working in a child care setting?
Likes: _____

Dislikes: _____
5. Is there any reason you would not be able to lift, change diapers, or do other child care duties?
Yes _____ No _____
6. If yes, please explain: _____
7. Have you supervised other staff? Yes/No _____ How many? _____ How long? _____
8. Describe an incident in which you needed to use behavior management techniques:

9. How did you handle the above situation?

10. Rate yourself from 1-10 (**10 being EXCELLENT**) on the following:
Organization _____ Punctuality _____ Creativity _____

Cleanliness _____ Handle Criticism _____ Team Player _____
11. As a part of the interview process, would you be willing to spend a couple hours (2) working with children for observation? Yes _____ No _____
12. Do you have children of your own that would require care? Yes ___ No ___ Ages _____
13. Would you be able to fill in for someone who is ill? Yes _____ No _____
14. On what date are you available for work? _____
15. Do you have any questions?

D.S.H.S. Personal Character Form

**The material on this page is confidential.

You cannot be denied employment for answering YES to the following questions, however a YES answer may automatically disqualify you based on the current Washington State laws regarding child care workers in a licensed facility. They are being asked under authority of Revised Code of Washington (RCW) 74.15.03 which empowers the Department of Social and Health Services to develop standards related to the character, suitability, and competence of an agency and other person associated with an agency directly responsible for the care and treatment of children and under the authority of administrative requirements.

These administrative code requirements state that persons associated with licensed agencies who have access to children shall demonstrate the understanding, ability, personality, emotional stability, and physical health suited to meet the cultural, emotional, mental, physical and social needs of children in care.

Have you:

1. Had a serious injury or illness or been hospitalized during the past year or had a history of mental or physical limitation?

Yes No If Yes, explain: _____

2. Are you currently under a physician's care? Yes No If Yes, explain: _____

3. Been diagnosed as: chemically dependent, psychopathic or psychotic? Yes No If Yes, explain: _____

OFFENSES/CRIMINAL HISTORY

Criminal background checks will be performed on all potential applicants.

1. Has your license ever been suspended or revoked? Yes No If Yes, explain: _____

2. Have you ever pled guilty, no contest or been convicted of ANY criminal offense? Yes No If Yes, explain: _____

3. Have you ever been found incompetent to stand trial? Yes No If Yes, explain: _____

4. Have you had any traffic violations in the past three (3) years? (For positions that involve transporting children.)

Yes **No** If Yes, explain: _____

5. Has a report of child maltreatment, neglect or abuse ever been made against you? **Yes** **No** If Yes, explain: _____

6. While employed in a childcare program, have you ever been the subject of disciplinary action, or been responsible for a childcare facility receiving an administrative or disciplinary action? **Yes** **No** If Yes, explain: _____

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