## The Country Playhouse Academy, Inc.

## **Employment Application or Volunteer Service** 1515 Chinook Ave. Enumclaw, WA 98022 360-825-4666

1. The Country Playhouse Academy, 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 child care facility, you must be 18-years old to be in charge of a 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.

| experience working in a child care center setting to qualify for a management position.  2. Employment or volunteer service in a licensed child care facility is conditioned on a background check completed by the Department of Children, Youth and Families, State Patrol and FBI. |                         |                   |      |          |                  |                  |  |  |
|---|-------------------------|-------------------|------|----------|------------------|------------------|--|--|
| 3. Upon employment, you will be required to show proof of identity, citizenship and college education.  |                         |                   |      |          |                  |                  |  |  |
| Position Applying For:  |                         |                   |      | Phone #: |                  |                  |  |  |
|   |                         | ,                 | /    | /        | ( )              | -                |  |  |
| Name:   | Birthdate: E            |                   |      | Email:   |                  |                  |  |  |
| Address:  | City, State & Zip Code: |                   |      |          |                  |                  |  |  |
| Days & Hours you are willing to work:   |                         | Date Available:   |      |          | Expected Salary: |                  |  |  |
| Do you have a current:  |                         |                   |      | YES      | <u>NO</u>        |                  |  |  |
| 4. Portable Background Check  |                         |                   |      |          |                  |                  |  |  |
| 5. Cleared Tuberculosis Test  |                         |                   |      |          |                  |                  |  |  |
| 6. First Aid Card   |                         |                   |      |          |                  |                  |  |  |
| 7. CPR Card   |                         |                   |      |          |                  |                  |  |  |
| 8. Food Handler Card  |                         |                   |      |          |                  |                  |  |  |
| 9. HIV/Aids Training Certificate  |                         |                   |      |          |                  |                  |  |  |
| 10. Washington State Driver's Lie   |                         |                   |      |          |                  |                  |  |  |
| 11. MMR Vaccination Records   |                         |                   |      |          |                  |                  |  |  |
| Education:  |                         |                   |      |          |                  |                  |  |  |
| High School graduate or General Education Development (GED) test passed?  |                         |                   |      | ☐ Yes    | □ No             |                  |  |  |
| Early Childhood Education course work in high school?   |                         |                   |      | □ No     |                  |                  |  |  |
|   | Post High S             | School Trainin    | g/Co | ollege   |                  |                  |  |  |
| Name & Location   | Dates                   | Credits<br>Earned | Gr   | aduatio  | n Degree         | Major or Subject |  |  |
|   |                         |                   |      |          |                  |                  |  |  |
|   |                         |                   |      |          |                  |                  |  |  |
| Washington State ECE Stackable Certificates   |                         |                   |      |          |                  |                  |  |  |
| Name of School  | Certificate Earned      |                   |      |          | Date Earned      |                  |  |  |
|   |                         |                   |      |          |                  |                  |  |  |
|   |                         |                   |      |          |                  |                  |  |  |

| Employmen   | Please give accurate, complete full-time & part-time employment records. Start with present or most recent employer. |                    |                          |                       |  |
|---|--|--------------------|--------------------------|-----------------------|--|
| Company:  |  |                    | Telephone:               |                       |  |
| Address:  |  |                    | Employment Period: From: | (month & year)<br>To: |  |
| Name & Title of Supervisor:   |  |                    | Hourly Wage<br>Start:    | Last:                 |  |
| Job Title & Describe Your Work:   |  |                    | Reason for leaving:      |                       |  |
|   |  |                    |                          |                       |  |
| Company:  |  |                    | Telephone:               |                       |  |
| Address:  |  |                    | Employment Period: From: | (month & year)<br>To: |  |
| Name & Title of Supervisor:   |  |                    | Hourly Wage<br>Start:    | Last:                 |  |
| Job Title & Describe Your Work:   |  |                    | Reason for leaving:      |                       |  |
|   |  |                    |                          |                       |  |
| Company:  |  |                    | Telephone:               |                       |  |
| . ,   |  |                    | ·                        |                       |  |
| Address:  |  |                    | Employment Period: From: | (month & year)<br>To: |  |
| Name & Title of Supervisor:   |  |                    | Hourly Wage<br>Start:    | Last:                 |  |
| Job Title & Describe Your Work:   |  |                    | Reason for leaving:      |                       |  |
|   |  |                    |                          |                       |  |
| Volunteer Work/Membership in P  |  | Organizations or S | Special Skills Relate    | d to the Position.    |  |
| Describe your duties &/or any special to  | raining or skills:   |                    |                          |                       |  |
|   | OF THOSE ABLE TO   |                    |                          |                       |  |
| 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. |  |                    |                          |                       |  |

Date:\_\_\_\_\_

Applicant Signature:\_\_\_\_\_

## **Employment Questionaire**

| 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 regarding 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  If yes, please explain: |  |  |  |  |  |  |  |
| 6.  | Have you supervised other staff? Yes/No How many? How long?  |  |  |  |  |  |  |  |
| 7.  | escribe an incident in which you needed to use behavior management techniques with a child, and how was the outcome?               |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |
| 8.  | Rate yourself from 1-10 ( <b>10 being EXCELLENT</b> ) on the following:  Organization Punctuality Creativity                       |  |  |  |  |  |  |  |
|     | Cleanliness Handle Criticism Team Player   |  |  |  |  |  |  |  |
| 9.  | As a part of the interview process, would you be willing to spend a couple hours (2) working with children for observation? Yes No |  |  |  |  |  |  |  |
| 10  | Do you have children of your own that would require care? Yes No Ages  |  |  |  |  |  |  |  |
| 11. | Would you be able to fill in for someone who is ill? Yes No  |  |  |  |  |  |  |  |
| 12  | On what date are you available for work?   |  |  |  |  |  |  |  |
| 13. | Do you have any questions?   |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |

## **DCYF 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 Children, Youth and Families 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.

| H  | 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. | Have you ever been diagnosed as: chemically dependent, psychopathic or psychotic? ☐ Yes ☐ No  If Yes, explain:   |  |  |  |
|    | Criminal background checks are <u>REQUIRED</u> and will be performed on all potential applicants.  |  |  |  |
|    | CRIMINAL HISTORY or OFFENSES   |  |  |  |
| 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:   |  |  |  |
|    | 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 child care program, have you ever been the subject of disciplinary action, or been responsible for a child care facility receiving an administrative or disciplinary action?   Yes  No  If Yes, explain: |  |  |  |