

**CLOUD NINE INC. EMPLOYMENT APPLICATION
FOR MANAGEMENT POSITION**

Today's Date _____

I UNDERSTAND THAT THIS POSITION REQUIRES 4-6 MONTHS OF INTENSIVE ON-SITE TRAINING, REGARDLESS OF PREVIOUS EXPERIENCE. THE MANAGEMENT WORK WEEK IS 45 HOURS LONG. THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND THAT ALL INFORMATION WILL BE CHECKED AND VERIFIED FOR ACCURACY.

Date Available for Employment _____

Full Name _____

Current Address _____

City _____ State _____ Zip _____

Personal Contact & Other Information:

Home Phone _____

Cell Phone _____

Email _____

US Citizen: Yes _____ No _____

Do you have a Soc. Sec. Number? Yes _____ No _____

Date of Birth _____

Minimum Requirements:

I am currently enrolled in the Oregon Criminal History Registry. My number is R_____. My enrollment expires on _____

I have my Pediatric CPR and First Aid card. It is valid until _____

I have my Food Handlers card. It is valid until _____

I have attended the Recognizing a Reporting Child Abuse class in Oregon and have a certificate. Yes _____ No _____

I have a total of _____ hours (*3000 minimum*) of verifiable experience in the care of a group of children in an ongoing setting such as a child care center, certified family child care home, preschool, registered family child care home, kindergarten or Head Start program. (*Or a combination of the above.*)

Employment History

1) Current or Most Recent Employer _____

Your Position Title _____

Your Duties _____

How Long? From _____ to _____

Total number of applicable child care hours worked here _____

Starting Wage _____ Current Wage _____

Employers Address _____

Employer's Phone _____

Contact Person _____

Reason For Leaving (*be specific*) _____

2) Previous Employer _____

Your Position Title _____

Your Duties _____

How Long? From _____ to _____

Total number of applicable child care hours worked here _____

Starting Wage _____ Ending Wage _____

Employers Address _____

Employer's Phone _____

Contact Person _____

Reason For Leaving (*be specific*) _____

3) Previous Employer _____

Your Position Title _____

Your Duties _____

How Long? From _____ to _____

Total number of applicable child care hours worked here _____

Starting Wage _____ Ending Wage _____

Employers Address _____

Employer's Phone _____

Contact Person _____

Reason For Leaving (*be specific*) _____

4) Previous Employer _____

Your Position Title _____

Your Duties _____

How Long? From _____ to _____

Total number of applicable child care hours worked here _____

Starting Wage _____ Ending Wage _____

Employers Address _____

Employer's Phone _____

Contact Person _____

Reason For Leaving (*be specific*) _____

Personal Non-Family References (3):

1) Name _____ Phone _____

Relationship _____ How Long? _____

2) Name _____ Phone _____

Relationship _____ How Long? _____

3) Name _____ Phone _____

Relationship _____ How Long? _____

Education:

Tell me about all applicable education and classes completed. _____

General Questions:

Tell me why you enjoy working with children. _____

_____.

What ages of children are you most comfortable working with? _____

Can you comfortably ask other adults to do things? _____

Can you follow instructions? _____

Do you get upset if a senior corrects you? _____

Do you feel you have things to learn in the field of caring for children? _____

Can you complete 4-6 months of intensive training without causing you personal hardship? _____

Are you willing to sign an agreement to stay drug free? _____

Are you willing to take a urinalysis for drug testing? _____

Are you able to perform all the required functions of this position?

Yes _____ No _____

If No, please explain _____

_____.

I have answered these application questions fully and honestly and would like to be considered for a management position at Cloud Nine Inc. You have my permission to check all references and verify all information given here.

Typing your signature here will be considered a legal and valid form of consent.

Signed _____ Date _____