

**WASHINGTON COUNTY BOARD OF EDUCATION
APPLICATION INSERT**

CHILD NUTRITION PROGRAM

NAME: _____
Last First Middle

* List position(s) desired: _____CNP Manager _____CNP Cashier
_____CNP Assistant Manager _____CNP Worker
_____CNP Substitute

* Have you completed a sanitation class? _____ If yes, give dates _____

* Do you have a valid Food Handler’s Permit? _____ If yes, date issued _____

If the answer to any of the items above is yes, please attach a copy of your card or certificate.

CASHIER TRAINING AND EXPERIENCE

* What bookkeeping training or experience have you had? (i.e. counting receipts) _____

* Can you operate a cash register? _____ Can you operate a computer? _____

* Describe you cashier experience with dates of experience.

CAFETERIA-COOKING TRAINING AND EXPERIENCE

*List your food preparation training and experience. _____

*** List your institutional/volume cooking experience:** _____

*** List your experience ordering supplies:** _____

*** Describe your training and/or experience in taking inventory:** _____

*** Describe your training and/or experience following standardized recipes:** _____

*** List other related experience and/or training:** _____

OTHER

*** Describe what steps you take to develop appropriate working relationships with others:** _____

*** What actions do you plan to take to ensure your continued professional growth?** _____

Applicant Signature: _____ **Today's Date** _____