

CLARKE COUNTY BOARD OF EDUCATION
APPLICATION INSERT

CHILD NUTRITION PROGRAM

NAME: _____
Last First Middle

* List position desired: CNP Manager _____ CNP Assistant Manager _____
CNP Cashier _____ 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, when 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 your 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 _____