

## Early Childhood Education JATC Apprenticeship Application

## PO Box 415, Coos Bay OR 97420

During the Early Childhood Educator Apprenticeship initial contact, you will receive information about employer expectations regarding background checks and drug screening. You will be asked to provide documentation regarding minimum qualifications. Qualifying applications will then be reviewed and scored according to a point system for ranking. (See ECE Apprenticeship flyer). Please complete this application and return it to Laura Pumphrey, ECE Apprenticeship Manager.

## For questions, contact Laura Pumphrey at <a href="mailto:lpumphrey@sowib.org">lpumphrey@sowib.org</a>

Candidate Information					
Full Name:		Date:			
First	Last	M.I.			
l reside in	I reside in the	I work in the			
the city of:	county of:	county of:			
Cell Phone:	Email:				
How may we contact you?	? (check all that apply)				
Phone	🗌 Email	Text Message			
How did you hear about th	nis opportunity?				
Are you currently enrolled ☐ Yes ☐ No	I in Southwestern Oregon Community C	ollege (SWOCC)?			
What program are you enro	lled in? ou completed thus far? 1 2 3 4 5 6 7	Start Date: ' 8 9 10 11 12 (circle one)			
Yes No	l in Umpqua Community College (UCC)?				
What program are you enro How many quarters have yo	lled in? ou completed thus far? 1 2 3 4 5 6 7	Start Date: ' 8 9 10 11 12 (circle one)			
Have you completed any of provide valid transcripts for		edit Program or in college? (You will be asked to			
Child Development					
Minimum Qualification: Hi	igh School Diploma or GED (you will be a	osked to provide a diploma or certificate)			
High School Diploma		Certification HS Completion			
- • ·	hnical or vocational school 1 2 3 4 (ci	·			
Do you have prior experie	noo in a childeara related field?				
🗌 Yes 🗌 No	nce in a childcare related field? employer and dates you worked in a childc	are related field:			
Do you have other work e	xperience?				
🗌 Yes 🗌 No					
If yes, please give name of	employer and dates you worked:				

Current Employer: (if applicable)	Position:
Hourly Wage:	Date of Hire:

	Volunteer Experience:	(Unpaid/Not court-mandated)
I		

Was your volunteer experience in a childcare setting? 
Yes 
No

es No If yes, number of hours completed:

Other Miscellaneous:
Do you have a valid Class C Driver's License? 🔲 Yes 🗌 No
Do you have a valid CPR/First Aid Certificate? 🔲 Yes 🗌 No
Do you have a valid Food Handlers Card? 🛛 🗌 Yes 🗍 No
Have you passed a criminal background check with Central Background Registry (OAR 414-300-0070 (6))? 🗌 Yes 🗌 No

## Employment Characteristics:

Please check which countries you are willing to travel to for work as an apprentice:

My signature below indicates that I certify the information on this application is true to the best of my knowledge.

Participant Name (please print)

Participant Signature

Date

 This Area is for STAFF USE ONLY:

 Meets Minimum Qualifications □ Yes □ No

 Copies of Driver's License? □ Yes □ No

 Copies of Diploma/GED? □ Yes □ No

 Passed criminal background check with Central Background Registry (OAR 414-300-0070 (6))? □ Yes □ No

Documentation Verified for Application Points System				
Transcript (class completed, max 2)	Points:			
🗌 Military DD214 (max 5)	Points:			
☐ Work Experience (max 12)	Points:			
Currently employed with registered training agent (max 20)	Points:			
Volunteer Experience in Childcare (max 4)	Points:			
Pre-Apprenticeship (max 5)	Points:			
Other: CPR/First Aid Certification, Food Handlers Card (max 4)	Points:			
Total Possible: 52	Total:			

SOWIB will not discriminate against apprenticeship applicants or apprentices based on race, color, religion, national origin, sex (including pregnancy and gender identity), sexual orientation, genetic information, or because they are an individual with a disability or a person 18 years old or older. SOWIB shall take affirmative action to provide equal opportunity in apprenticeship and shall operate the apprenticeship program as required under the Oregon Plan for Equal Employment Opportunity in Apprenticeship and Title 29 of the Code of Federal Regulations, part 30. This is an equal opportunity program, and auxiliary aids and services are available upon request to individuals with disabilities.

The ECE Apprenticeship program is an equal opportunity employer/program, and auxiliary aids and services are available upon request to individuals with disabilities. This workforce product was 100% funded by grants awarded by the U.S. Department of Labor's Employment and Training Administration (\$760,500). The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.