

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*Last**First**M.I.*

Address: \_\_\_\_\_  
*Street Address**Apartment/Unit #*

\_\_\_\_\_  
*City**State**ZIP Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?      YES      NO      If no, are you authorized to work in the U.S.?      YES      NO  
                         

Have you ever worked for this company?      YES      NO      If yes, when?      YES      NO  
                         

Have you ever been convicted of a felony?      YES      NO  
         

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Degree: \_\_\_\_\_  
         

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?      YES      NO      Degree: \_\_\_\_\_  
         

Other: \_\_\_\_\_ Address: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 : \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address  
:

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Full Name: Relationship: Phone:  
Company: Address: Phone:  
:

### Previous Employment

Company: Phone:  
Address: Supervisor:  
Job Title: Starting Salary: Ending Salary:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes NO  
Yes

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Company: Phone:  
Address: Supervisor:  
Job Title: Starting Salary: Ending Salary:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes NO  
Yes

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Company: Phone:  
Address: Supervisor:  
Job Title: Starting Salary: Ending Salary:  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? Yes NO  
Yes

### Authorization For Background Check

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. I, \_\_\_\_\_, now authorize Stepping Stones Learning Center LLC to investigate my background and qualifications for the purpose of evaluating whether I am qualified for the position for which I am applying. I understand that Stepping Stones Learning Center LLC will utilize an outside firm or firm to assist it in checking such information. I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my employment application will not be processed further.

Signature of Applicant

Date

Applicant's Name Printed

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

*In compliance with the requirements of this child care program, no person shall be hired or retained as a staff member, paid or volunteer, who has:*

- a) *Been convicted of, admitted to or been the subject of substantial evidence of an act of child abuser or child molestation;*
- b) *Used alcohol or drugs such that is effects are apparent during working hours that children are in care;*
- c) *Been convicted of or admitted to any felony or any offense involving moral turpitude.*

*I am aware that a background study will be performed before I can be hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.*

*In the event of my employment, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment with Stepping Stones Learning Center, I agree to file my resignation two weeks prior to the date it will be effective.*

*I understand that the first three months of my employment are probationary and that if my services have not proved satisfactory, my employment may be discontinued at any time.*

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

Please answer the following questions as thoroughly as you can.

- 1) Would you be willing to continue your education by enrolling in courses or other training programs that may be recommended?
- 2) Date of your last physical exam?
- 3) Would you object to being fingerprinted?
- 4) Do you have a driver's license?
- 5) How would you describe your general health?
- 6) Have you worked with children before? In what Capacity?
- 7) What do you think are the major responsibilities of this position?
- 8) Are you willing to work with any age group?
- 9) Are you willing to work split shifts?
- 10) What can you add to our program?
- 11) What kind of commitment do you feel you can make to the program in terms of time?
- 12) Tell me about yourself. Is there anything you feel I should know about you?

