

Application For Employment

SSN: _____

Personal Information:

Date: _____

Birth Date: _____

Name (Last Name First) _____

Address: _____

Phone Number: () _____ Are you 18 years or older? _____

Employment Desired:

Ages Desired: _____ Hours Available: _____

Position: _____ (CIRCLE ONE) Full Time or Part Time

Are you employed? _____ If so, may we contact your present employer? _____

Desired wages? _____

Educational Experience:

	Name of School	Years Attended	Did you graduate?	Subjects of studies
High School				
College				
Other experiences with Children				

General Information:

What education, seminars, or classes have you taken that relates to childcare? _____

What experience do you have with children? _____

All employees at Stepping Stone Academy are expected to complete the T.E.C.T.A training during the first year of employment. T.E.C.T.A. is free of charge and you will receive a .25 per hour raise to complete it.

Are you willing to continue your education by completing T.E.C.T.A.? _____ Are you CPR and First Aid Certified? _____ If yes, when and where were you certified? _____

Criminal History:

All staff working with children are required to have fingerprints taken and a background check before their first day of employment.

You are required to list below all information for any violation of the law, including convictions, guilty or no contest pleas and pending criminal charges of any kind, and any conviction involving a sentence or suspended or reduced sentence. (If additional space is needed, please attach a separate sheet of paper).

Employment History:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1. Employer: _____ Dates of employment: From: _____ To: _____
Address: _____
Telephone Number: () _____ Supervisor: _____
Hourly Salary: start: _____ final: _____
Job Title: _____ Work Performed: _____
Reason Leaving: _____

2. Employer: _____ Dates of employment: From: _____ To: _____
Address: _____
Telephone Number: () _____ Supervisor: _____
Hourly Salary: start: _____ final: _____
Job Title: _____ Work Performed: _____
Reason Leaving: _____

3. Employer: _____ Dates of employment: From: _____ To: _____
Address: _____
Telephone Number: () _____ Supervisor: _____
Hourly Salary: start: _____ final: _____
Job Title: _____ Work Performed: _____
Reason Leaving: _____

4. Employer: _____ Dates of employment: From: _____ To: _____
Address: _____
Telephone Number: () _____ Supervisor: _____
Hourly Salary: start: _____ final: _____
Job Title: _____ Work Performed: _____
Reason Leaving: _____

Employee Questionnaire:

What is your philosophy when dealing with small children? _____

How would you discipline a child with disruptive behavior? _____

What would you say to a parent that was angry? _____

What do you feel your strength is? _____

What do you feel you could improve on? _____

What is your goal in working at the Academy? _____

Additional Comments: _____

Professional References:

Please include a name, address, phone number, business, relationship, and years known. Do not include any family members as references. Please limit "friend" references as well.

- 1. _____

- 2. _____

- 3. _____

Authorization:

I understand that I must complete my health form from a medical doctor before start date, Failure to do so will result in delay of start date.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on the application shall be grounds for dismissal. I authorize investigation of all statements herein and the references and employers listed above may have, personal or otherwise, and release the company from liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is writing and signed by an authorization company representative.

This waiver does not permit the release or use of disability- related or medical information in a matter prohibited by the American With Disability Act or other relevant federal and state laws.

Date: _____ Signature: _____