



# Application For Employment

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## Personal Information

Complete Name				Today's Date
	Last	First	Middle	
				Social Security #

Permanent Address				
	Address	City	State	Zip

Contact Numbers		Are you 18 years or older?		
	Cell	E-Mail	Yes	No

Are you eligible to work in the United States?		
	Yes	No

Period of Active U.S. Military Duty?		
	Yes	No

Driver's License Number	
Highest Rank	Type of Discharge

## Employment Desired

Position		Salary Desired		Date Available	
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Are you employed now?		
	Yes	No

If so, may we contact your current employer?		
	Yes	No

## Education

Please select Your Highest Grade Completed	9	10	11	12	13	14	15	16
Please list your Degree details								

## Experience

Do you have any prior Childcare Experience and can You Add Some Details?			
	Yes	No	
Do You have any Related Comments You Wish to Share with Us?			
	Yes	No	

## Referred by (Or how did you hear about us?)

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## Employment History (next page...)

\*List most recent Employer first. (Complete this section even if a Resume was submitted)

Company 1		Employment Period	
		From:	To:
Complete Address:		Job Title and Responsibilities:	
Phone #:		Reason for Leaving:	
Supervisor:	May we contact?	Final Salary:	
Yes No			

Company 2		Employment Period	
		From:	To:
Complete Address:		Job Title and Responsibilities:	
Phone #:		Reason for Leaving:	
Supervisor:	May we contact?	Final Salary:	
Yes No			

Company 3		Employment Period	
		From:	To:
Complete Address:		Job Title and Responsibilities:	
Phone #:		Reason for Leaving:	
Supervisor:	May we contact?	Final Salary:	
Yes No			

**References** (Do not list former supervisors or relatives)

Name	Phone	How do you know?
1.		
2.		
3.		

In case of Emergency notify:	Name:	Phone #:	Address:
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at whether my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or disability, or any other status protected by law.

We are an Equal Opportunity Employer. All employment candidates must pass post-offer drug/alcohol screen and be able to work in our firm.

Signature:	Date:
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