

Preparing our children for their future, "one step at a time."

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONAIRE FOR STEPPING STONES CHILDREN'S CENTER, AN EQUAL OPPPORTUNITY EMPLOYER

Name:	st MI	Last	Phone Number: ()		
111	31	Last		ř.	
Present Addre	ess:		Permanent	Address (If Differs	s from Present):
	Street			Street	
City	State	Zip	City	State	Zip
Referred By:					
Are you 18 year	s of age or older	? (Please Circle):	Yes	No	
You may attach any	can be w	or certifications to tritten in the approprise PRESCHOOL AN	riate space on the		hed, "See Attached"

BELGIUM 420 Park Street Belgium, WI 53004 (262) 476-5003 PORT WASHINGTON 425 W. Walters Port Washington, WI 53074 (262) 268-8820

Name:			
\$	First	Last	_

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONAIRE FOR STEPPING STONES CHILDREN'S CENTER

AN EQUAL OPPORTUNITY EMPLOYER

Preferences	::			
Position Sough	ht:			
Desired !	Salary:	Date you can	start:/	
What ages do	you prefer to work with?			
	e open from 5:30 am to 6:00 pm. s are you available to work?			
Education:				
	Name and Location of School	Years Attended	Did You Graduate?	Subjects Studied
High School			Y / N	
College			Y / N	1000
Other Classes or Schools			Y / N	
Subjects of spo	ecial study/research work or special training/	skills:		
			- 191	
Have you hear	rd of YoungStar? (Please Circle): YES	NO		
	ng to take courses such as WMELS, curriculurtfolios, etc. to become more updated on You		ds? (Please Circle	e): YES NO

Name:First Last		
Employment History:		
Are you currently employed? (Please Circle): Y	ES NO	
If so, may we inquire of your current employer? (Please Circle): YES NO	
Former Employers (list last four employers starting	ng with last employer):	
1. Name of Employer:	Dates of Employment:	to
Address:	Phone Number: ()	
	Salary: Reason for Leaving:	
2. Name of Employer:	Dates of Employment:	to
Address:	Phone Number: ()	
	Salary: Reason for Leaving:	
3. Name of Employer:	Dates of Employment:	to
Address:	Phone Number: ()	
	Salary: Reason for Leaving:	
4. Name of Employer:	Dates of Employment:	to
Address:	Phone Number: ()	
	Salary: Reason for Leaving:	

References:				
List the names of three p	eople, not related to you, whom	you have known for	at least 1 year:	
Name	Address	Phone Number	Occupation	Years Known
knowledge and understar dismissal. I authorize in above to give you any an they may have, personal from utilization of such i authority to enter into ag	y that the facts contained in this and that, if employed, falsified starvestigation of all statements contained all information concerning my or otherwise, and release the conformation. I also understand an reement for employment for any s, unless it is in writing and signed	tements on this appli ained herein and the previous employme apany from all liabile and agree that no repro- specified period of the	references and employent and any pertinent in ity for any damage that essentative of the compaine, or to make any again.	s for yers listed aformation t may result any has any greement
Signature:		Date:	//_	

Name:__

First

Last