



STEPPING STONE LEARNING CENTER

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City			State	ZIP	
Phone			E-mail Address		
Date Available		Social Security No.		Desired Wage	
Position Applied for					
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked @ a Licensed Group Child Care Center	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			
Full Name		Relationship	
Company		Phone	()
Address			

OTHER TRAINING (LIST ANY CONTINUING EDUCATION COURSES, CERTIFICATIONS, OR TRAINING RECEIVED)

Comment briefly on each statement:

Importance of Portfolio Development

Characteristics of a Lead Teacher

Effective Child Management Techniques

Importance of Sanitation & Cleanliness in the Classroom

Organizational Skills

Passion for Continuing Education & Growth

AGREEMENT & CERTIFICATION

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I further agree, should SSLC hire me that I need to promptly have a physical examination and TB test at my expense. I authorize the verification of any or all information listed above. I understand that background checks relating to me may be obtained, at SSLC's expense and used for employment considerations purposes both now and in the future. I hereby consent to and authorize the company to obtain and review any background checks necessary to evaluate and periodically review to determine suitability of employment.

Signature:

Date:

Applications may be Submitted In Person, By Fax ~ 608-635-3880, By Email ~ AmyBranish@sspoynette.com, or mailed to Amy Branish N3522 Hwy 51, Poynette, WI 53955.