

FIRST STEPS LEARNING CENTERS
Employment Application

Full Name _____ Date of Application _____

Street Address _____ City, State, Zip Code _____

Phone Number _____ Social Security Number _____ Birth date _____

Date You Could Begin Work _____ Full or Part Time Preferred _____

Education:
High School _____ Dates Attended _____ Degree _____

College _____ Dates Attended _____ Degree _____

How did you learn of our organization? _____

Have you ever applied for employment with us before? If so, when? _____

Have you ever been convicted of a crime? (If yes, explain in full. Attach additional sheet if necessary) _____

Do you currently have a physical or mental illness that would require precautions to assure that this condition is not a health threat to yourself or the children for whom you provide care? (Example—back problems with lifting restrictions)

Please describe any experience that you have working with children _____

Do you have a valid Drivers License? _____ Are you First Aid Certified? _____
Are you CPR Certified? _____ First Steps will require you to take CPR within your first month of employment. We will provide you with the class times and pay for the cost of CPR.

Please list your last two employers.

| Name | Address | Phone # | Dates of Employment |
|------|---------|---------|---------------------|
|------|---------|---------|---------------------|

May we call your previous employers? _____

In addition to your work history, are there other skills, qualifications, or experience that we should consider? _____

Please list a character reference other than relatives.

| Name | Address | Phone# |
|------|---------|--------|
|------|---------|--------|

Circle Center where position is available: East Central Age Group? Infant Toddler Twos Preschool School Age

Desired Hourly Wage? _____