



Stepping Stones Learning Center

Name _____ Driver's License, ID, or Passport # _____

Phone Number: Home _____

Are you over: (Mark One)

Cell _____

_____ under 18 _____ 18 or over

Mailing Address:

E-Mail: _____ Select Full Time or Part Time: _____ FT _____ PT _____ PRN

Desired Salary: _____ Days of Availability _____ M _____ T _____ W _____ Th _____ Fri

Education

High School or Equivalency Obtained? _____ YES _____ NO

Early Childhood Education Coursework in High School? _____ YES _____ NO

Post High School Training or Coursework:

Name and Location	Dates	Credits Earned	Graduated	Degree Date	Major
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do You Have a Current:

Safe Serve Food Handler Certification? _____ YES _____ NO

Current First Aid Certification? _____ YES _____ NO

Infant and Child CPR Certification? _____ YES _____ NO

Conferences or Workshops Attended:

Title of Conference/Workshop

Hours Earned

Trainer / Sponsor

List any special training which you feel is pertinent to your employment at Stepping Stones:

List any professional licenses, certifications, or professional organizations to which you belong:

EMPLOYMENT HISTORY – MOST RECENT FIRST

Employer Name	Address	Position	Dates To / From

May we contact your current employer? _____ YES _____ NO