

## 863 Airpark Dr. Bullhead City, Arizona 86429 928-754-2221 Stepping-stones-childcare.com

Email- stepping\_stones\_childcare@hotmail.com

					onina care C no amanio					
Name					Phone #					
Addres	S									
Are you	ı over 16 years o	ld?	Yes	No	Are you	over 1	8 yea	rs old?	Yes	No
Position applying for:			Tead	cher	Aide	Cool	k	Mainte	nance	)
Date you can Start:				Desired F	Pay:					
Are you employed now? Yes			s N	Ю						

Education:	Name & location of school	Graduated		Dates attended
High School		Yes	No	
College		Yes	No	
College		Yes	No	
Trade school		Yes	No	

Classes Taken in Child Development/ Training Certificates						
Class/Training Name	Date Taken	Hours of credit	Instructors Name			

Do you have any of the following currently?						
1 <sup>st</sup> aid/ CPR Yes No Expire Date						
Fingerprint Clearance card	Yes	No	Expire Date			
Mohave County food handlers Card	Yes	No	Expire Date			

Employment history								
Company name:								
Address:				Phone #	<u> </u>			
Reason for leaving								
Dates of employmen	nt Sta	rt date:	Eı	nd Date:				
Job duties:								
		1		1				
Company name:								
Address:		Phone #						
Reason for leaving								
Dates of employmen	nt	Start date:		End D	End Date:			
Job duties:								
		1		_				
Company name:								
Address:		Phone #						
Reason for leaving								
Dates of employmen	nt	Start date:		End D	End Date:			
Job duties:								
				_				
Company name:								
Address:		Phone #						
Reason for leaving								
Dates of employmen	nt	Start date:		End Date:				
Job duties:								
Professional References								
Name	Addre	ess Phone Num		er	Years known			
1.								
2.								

Yes

No

Dates:

Have you ever been employed by stepping stones?

Reason for separation:

3.

4.

Physical Background:							
Any physical limitations for the job applying for? Yes No							
Explain							
LAPIBITI							
Р	re-Employment drug test	ing policy					
As a component of the screeni	ng process, applicants sha	all be requ	ired to undergo drug and/or				
alcohol screening. Refusal or 1		- -					
_	_		_				
specified will disqualify applica	nt for further consideration	on for emp	noyment.				
I voluntary agree to submit to	any drug and/or alcohol	screening	as part of my application for				
· -		_					
employment. I acknowledge th	at I have read and fully ui	nderstand	the above requirements.				
Signature of applicant			Date				
"I certify that the facts contain	ned in the application are	e true and	complete to the best of my				
knowledge and I understand th	nat, if employed, falsified	statement	s on this application shall be				
grounds for dismissal. I autho							
	_						
references listed above to	give you any and all i	ntormatio	n concerning my previous				
employment and any pertinent	t information they may ha	ave, persor	nal or otherwise, and release				
all parties from liability for a	any damage that may re	esult from	furnishing same to you. I				
understand and agree that, i							
_							
regardless of the date of pay	$^{\prime}$ ment of my wage and/	or salary,	be terminated at any time				
without prior notice what so ev	ver."						
Signature of Applicant			 Date				
Signature of Applicant			Date				
Stepping	Stones Childcare is an equal opp	ortunity emp	oloyer.				
OFFICE LISE ONLY FOR INTERVIEW BURDOSES DO NOT WRITE RELOW THIS LINE							
OFFICE USE ONLY-FOR INTERVIEW PURPOSES DO NOT WRITE BELOW THIS LINE							
Interviewed by							
Hired	Yes		No				
Available hours to work							
Available days to work							
Hire date							
Training date  Addition comments							
Addition comments	<u> </u>						