



## Employment Application

The Stepping Stone is a locally owned and operated company dedicated to providing quality childcare that is "a step ahead" for children ages 6 weeks to 13 years.

We understand our families have options for child care. By choosing The Stepping Stone, they are choosing a Licensed Childcare Center held to the most stringent Minimum Standards set forth by the Texas Department of Family and Protective Services (TDFPS). These Minimum Standards help ensure their children are properly cared for and safe.

At The Stepping Stone, we strive to exceed this minimum and are proudly committed to providing our children with a safe, clean, and fun learning environment. At the same time, we introduce our children to a curriculum that will place them "ahead of the curve". This will be achieved by providing a variety of developmentally appropriate activities focusing on the intellectual, physical, emotional and social skills of all children. We also want to help them develop a positive self-image, learn respect, responsibility, patriotism and learn to be accepting of others.

The Stepping Stone is looking for mature, responsible and dependable people who are passionate about children. Through employment and training we can help you turn your passion for children into a love for teaching.

We are a fast growing business and are looking for candidates who are interested in making a career in child care and want to grow with us. Advancement opportunities are available for all employees. Continuous improvement, operational excellence, public service skills and team work are just a few of the qualities we look for in our staff.

If you enjoy being a part of children's development and want to work in a growing and fulfilling environment, consider The Stepping Stone as the place for you!

**To applicant:** This application is not an employment contract directly or indirectly. We deeply appreciate your interest in our organization. A clear understanding of your background and work history will aid us in determining your qualifications.

**Please complete the application as thoroughly as possible.**

### PERSONAL

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone Number : \_\_\_\_\_ What date will you be available for work? \_\_\_\_\_

Position applying for: \_\_\_\_\_ Hours available: \_\_\_\_\_ Flexible?  yes  no

Please check: Full time  Part time  Temporary  Rate of pay expected \$ \_\_\_\_\_ per hour

List other experiences, skills or qualifications you possess, which you feel, would especially fit with our organization at the position being sought: \_\_\_\_\_

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### RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Date of Graduation	Diploma/ Degree
High School				
College				
Other (Specify)				

## PROFESSIONAL DEVELOPMENT

List any training or professional development classes you have obtained within the past year that relate to the position you are applying for: (including CPR/ First Aid)

Date	Course Title	Location and Trainer	Hours Acquired

## EMPLOYMENT HISTORY

List your employment history starting with the present or most recent position:

Employer:		Phone:
Address:		From (Month/ Year)
Job Title:	Number of employees supervised:	To (Month/ Year)
Specific Duties:		Hours per week:
		Wage per hour:
		Supervisor:
Reason For leaving:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

Employer:		Phone:
Address:		From (Month/ Year)
Job Title:	Number of employees supervised:	To (Month/ Year)
Specific Duties:		Hours per week:
		Wage per hour:
		Supervisor:
Reason For leaving:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

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Specific Duties:		Hours per week:
		Wage per hour:
		Supervisor:
Reason For leaving:		May we contact? <input type="checkbox"/> yes <input type="checkbox"/> no

References:

Name _____	Phone _____	Association _____
Name _____	Phone _____	Association _____
Name _____	Phone _____	Association _____
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# CHILD CARE LICENSING REQUEST FOR BACKGROUND CHECK

## CCL

"Texas law gives you the right to know what information is collected about you by means of a form you submit to a state government agency. You can receive and review this information, and request that incorrect information about you be corrected by contacting your licensing representative."

Social Security Number		ID Type - Drivers License or ID Number -State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
<p>You must list any other city in Texas where you have been a resident, and any addresses, including county, where you have lived outside of Texas in the previous five (5) years:</p>			
	<i>Ethnicity</i> (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unable to Determine <input type="checkbox"/> Native Hawaiian/ Pacific Islander	
Other names used (married, maiden, etc.)	First Name	Middle Name	Last Name

I certify the information contained in this application is true, correct and complete. I understand that, if employed, false statements on this application will be sufficient cause for dismissal.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_