

Office Only:
 Date of Interview: _____
 Date of Hire: _____
 Position: _____
 Reference: _____

Background: _____
 Separation Date: _____
 License: _____

Age Group: _____
 CPR: _____
 MAT: _____

STEM Tot Academy Application for Employment

Instructions: Please answer all information on this application accurately and honestly. Incomplete applications will be discarded.

Name: _____

Last First Middle Initial

Address:	Home: () Cell: () Email:	Date of Birth:
SSI:	Emergency Contact: Name: Address: Email: Cell: Work: Home:	Name and Location of High School: Date of Graduation or GED: Highest Level of Education Completed: Related Training:
Citizen Status:		

Position for which you are applying (please explain):

Please Circle: Full-time or Part-time

Date Available: _____ **Desired Salary:** _____

Reference 1: Name of Business: Position: Immediate Supervisor: Address: Work: () Other: () Email: Last Salary: _____	Reference 2: Name of Business: Position: Immediate Supervisor: Address: Work: () Other: () Email: STEMTOT ACADEMY, LLC © Last Salary: _____	Reference 3: Name of Business: Position: Supervisor/Colleague: Address: Work: () Other: () Email: Last Salary: _____
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Last Salary
Medical History:
 Do you have any medical conditions which would prevent or interfere in fulfilling the responsibilities of the position for which you are applying (please circle) Yes or no? Explain if yes.

Employment requires Criminal Background Check Clearances. Is this acceptable to you? _____
 Please answer the following questions:

1. Have you ever been convicted of a felony (please circle) Yes or No? If yes, please explain.

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2. Have you ever been terminated or asked to resign from a position (please circle) Yes or No? If yes, please explain.

3. Please list any current certifications held.

4. Why are you interested in working with children?

Employment History:

1. Position: _____ Employer: _____ Dates Employed: From _____ To _____
Address: _____ Full-time _____ Part-time _____ Jon Duties: _____

Reason for leaving: _____

2. Position: _____ Employer: _____ Dates Employed: From _____ To _____
Address: _____ Full-time _____ Part-time _____ Jon Duties: _____

Reason for leaving: _____

3. Position: _____ Employer: _____ Dates Employed: From _____ To _____
Address: _____ Full-time _____ Part-time _____ Jon Duties: _____

Reason for leaving: _____

4. Position: _____ Employer: _____ Dates Employed: From _____ To _____
Address: _____ Full-time _____ Part-time _____ Jon Duties: _____

Reason for leaving: _____

Disclosure: Before driving a company vehicle to transport children, I understand that I must disclose any moving violation that occurred five years prior to or during employment or assignment as a driver.

Signature: _____

Date: _____



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