



### **APPLICATION FOR EMPLOYMENT** (Please Print)

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Have you ever filed an application with us before?  No  Yes, date: \_\_\_\_\_

Have you ever been employed with us before?  No  Yes, date: \_\_\_\_\_

Are you currently employed?  No  Yes

May we contact your present employer?  No  Yes

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment)  No  Yes

On what date will you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Temporary

Can you travel if a job requires it?  No  Yes

### **EDUCATION:**

High School/GED:	Diploma:	GED:
Undergrad College:	Major:	Degree:
Graduate College:	Major:	Degree:
Other (Specify):	Major:	Degree:



**EXPERIENCE:** (Please list most current experience first)

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ to \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ to \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Dates of Employment From: \_\_\_\_\_ to \_\_\_\_\_

Ending Salary: \_\_\_\_\_ Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**LANGUAGE:** (Please indicate any languages you can speak, read and/or write)

Language:	Speak	Read	Write	Fluent	Good	Fair



# Step Ahead

Early Education  
& Childcare Center

<sup>TM</sup>**PROFESSIONAL REFERENCES:** (Other than family/relatives)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any conditions and/or disabilities, which may affect your ability to perform the job for which you are applying? \_\_\_\_\_ No \_\_\_\_\_ Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Step Ahead Early Education & Childcare Center?

\_\_\_\_\_

\_\_\_\_\_

In order to determine if I have characteristics, which qualify me to work effectively with young children or otherwise determine my suitability for employment with Step Ahead Early Education & Childcare Center, I hereby authorize Step Ahead Early Education & Childcare Center to contact the listed references or other sources to obtain information about my professional background. I hereby certify that all of the facts and information listed on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### **STATEMENT OF PHYSICAL ABILITY TO PERFORM WORK**

This statement should be given to all prospective employees after a job has been extended but before the employee begins work.

#### **NOTICE:**

You should know that Massachusetts General Law Chapter 152, Section 27A states that an employee who, at the time of hire, knowingly misrepresents his or her physical condition and ability to safely perform a job, may be barred from receiving Worker's Compensation benefits for any injury resulting from that misrepresentation.

An employee's right to Worker's Compensation benefits can be restored if, at a later time but before the injury in question, he or she corrects any misrepresentation made at the time of hire and is retained as an employee by the company.

#### **JOB(s) OFFERED:**

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#### **PLEASE READ AND SIGN THE ONE STATEMENT THAT APPLIES BELOW:**

1. To the best of my knowledge, I have no physical conditions that would result in my experiencing any serious injury or harm due to performing the job(s) which I have been offered.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

2. To the best of my knowledge, I do have a physical condition that might result in the serious injury or harm due to performing the job(s) in order to, perform the job(s) safely.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_