

Stepping Stones Museum for Children

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Newspaper <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Stepping Stones Website <input type="checkbox"/> Agency <input type="checkbox"/> Internet Other _____	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			E-Mail		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

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

Date available for work _____

What is your desired pay range? _____

Are you available to work: Full-Time Part-Time (please circle) Mornings Afternoon Evenings Weekends

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship and skills.

Describe any job-related training received.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Supervisor	Hourly Rate/Salary	
		Starting	Final
Reason for Leaving			

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Technical Skills

Summarize special job-related skills and qualifications acquired from employment or other experience.

- | | | |
|--------------------------------|---|--|
| <input type="checkbox"/> PC | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Raiser's Edge |
| <input type="checkbox"/> MAC | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Lotus Notes |
| <input type="checkbox"/> Excel | <input type="checkbox"/> VISTA | <input type="checkbox"/> Other _____ |

Please Complete

1) Why do you want to work here? _____

2) What characteristics do you like/dislike in your co – workers? _____

3) How would your current supervisor describe you? _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Professional References: Past/present supervisors or co – workers

1. Name	Phone #	Company	Address
2. Name	Phone #	Company	Address
3. Name	Phone #	Company	Address

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APPLICATION FOR EMPLOYMENT CONNECTICUT ADDENDUM

Please print

Date of Application: _____

Criminal History

Name: _____
(Last) (First) (Middle Initial)

Address: _____

City: _____

Telephone: Home () Cell () Email: _____

Applicants need not disclose the existence of any arrest, criminal charge or conviction if such records have been erased pursuant to § 46b-146, § 54-142a or § 54-760 of the Connecticut General Statutes; criminal records subject to erasure under the above-referenced sections are records pertaining to finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the above-referenced sections shall be deemed to never have been arrested within the meaning of the Connecticut General Statutes with respect to the proceedings which have been erased, and may swear to this under oath.

Please note, a “Yes” answer concerning criminal history information will not necessarily disqualify you from consideration of employment and will be considered only as it relates to the position(s) for which you are applying.

Have you ever been convicted of or pled guilty or nolo contendere (no contest) to a criminal offense (other than a minor traffic offense)? Yes ___ No ___ If you have answered “Yes” please explain.

Signature of Applicant _____

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

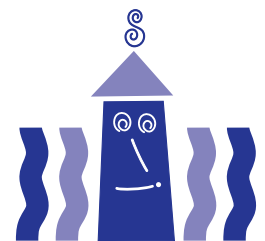
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____



Stepping Stones Museum for Children
get into it!

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VOLUNTARY SELF-IDENTIFICATION FORM

Stepping Stones Museum for Children (SSMC) is an Equal Employment Opportunity/Affirmative Action Employer and wishes to voluntarily comply with applicable federal laws and their implementing regulations which require the collection and recording of certain data/information. For purposes of compliance with these laws and regulations, SSMC is gathering the following information which will be maintained separate and apart from your employment application and will not be used for purposes of making any employment decisions. Submission of this information is strictly voluntary and will assist SSMC in developing and monitoring our Affirmative Action Programs.

Please be advised that your refusal to provide the information requested below will not subject you to any adverse action. Any information obtained will be kept confidential and will be used only in accordance with applicable federal laws and regulations.

Gender: Female Male

Race: White African American Hispanic Asian or Pacific Islander
 American Indian or Alaskan Native Other _____

Please print in ink:

First name Middle initial Last name

Position applied for: _____

Signature of Applicant _____ Date _____

