Little Stars
early learning center, LLC
300 Madison Ave, Mankato, MN 56001

EMPLOYEE INFORMATION

Employee Information

Last Name:	First Name:	Middle Name:
Other Last Names Used:	Other First Names Used:	Date of Birth (mm/dd/yyyy):

Street Address:	City:	State:	Zip:
Social Security Number:	Driver's License Number:	State Issued:	
Home Phone:	Mobile Phone:		
Email Address:	Teacher Qualification: T TQ AT A EA	Start Date (mm/dd/yyyy):	

Gender: Male Female

Marital Status: Single Married

Race: Caucasian African American Native American Asian Hawaiian or Other Pacific

Payroll Information

Rate of Pay:	*Withholding* for W-4:

Emergency Contact #1 Information

Contact Last Name:	Contact First Name:	Relationship to Employee:

Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Phone:	

Emergency Contact #2 Information

Contact Last Name:	Contact First Name:	Relationship to Employee:

Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Phone:	

Emergency Contact #3 Information

Contact Last Name:	Contact First Name:	Relationship to Employee:

Street Address:	City:	State:	Zip:
Home Phone:	Work Phone:	Mobile Phone:	

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EMPLOYEE INFORMATION
(continued)

Medical Provider Information

Primary Care Clinic Name:			Phone:
Street Address:	City:	State:	Zip:
Primary Care Physician Last Name:	Primary Care Physician First Name:		
Dental Clinic Name:			Phone:
Street Address:	City:	State:	Zip:
Dentist Last Name:	Dentist First Name:		
Family Hospital Name:			Phone:
Street Address:	City:	State:	Zip:

Health Information

Medical Conditions:
Allergies:
Medications:
Other Health Information Relevant To Your Job:

Medical Emergency Treatment Agreement

In case of a medical emergency, I understand that I will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. It is understood that in some medical situations, the staff will need to contact the local emergency resource before you physician and your specified contact person.	
Employee Signature (Parent or guardian if under 18 years old):	Date (mm/dd/yyyy)"

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EMPLOYEE INFORMATION
(continued)

Getting to Know You

Where did you grow up?	
What school(s) did you attend for grades K-12?	
What is your position at Little Stars?	
What Classrooms are you working in?	☐ Lavender ☐ Purple ☐ Blue ☐ Green ☐ Yellow ☐ Orange ☐ Red ☐ Rainbow ☐ Starlight ☐ Other
What do you like to do outside of work?	
What 3 words best describe you?	
What do you like to do in your spare time?	
What 3 things are really important to you?	
If you had $10 to spend on yourself what would you buy?	
What is your favorite color?	
Who is your favorite musical artist?	
What is your favorite magazine?	
What are your favorite snacks / treats?	
What do you need from Little Stars to do your best?	
What do you hope to impart to young children by working with them?	

When you are finished click the "SUBMIT" button to the right. You will be notified of errors requiring correction. You can save the form and finish it later. When the form has passed all checks it will be locked from further changes. You will be able to save it to your computer and print copies for signature/submission and records.

SUBMIT