

**Stepping Stones Learning Center  
Employee Information**

**The following information is used to complete a Background Study for the Minnesota Department of Human Services. All information is confidential.**

**\*Items marked with an asterisk (\*) are optional, all other information is required.**

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

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

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

Other first names you have used: \_\_\_\_\_  
\_\_\_\_\_

Other last names you have used: \_\_\_\_\_  
\_\_\_\_\_

Month, Day, and Year of Birth: \_\_\_\_\_

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Minnesota Drivers License Number or Minnesota State I.D. (if any):  
\_\_\_\_\_

Gender (circle one): Male    Female

\*Race (circle one):

Asian

Pacific Islander

African American

Native American

Caucasian

Other

Unknown

I have received a "Background Study Privacy Notice".

Signature \_\_\_\_\_ Date \_\_\_\_\_