



Confidential Teacher Application

Note: You must print out this form and fill it in by hand, or fill in the fields on your computer and then print it out.

If you wish to be considered for a iStepsCinco! Teaching position (as an independent contractor), please complete all the requested information on this application, sign the last page and return it to us along with a \$100 deposit (payable by check, money order, or via PayPal at www.stepscinco.com). This deposit will be applied towards your tuition, or returned to you if application is denied. The completion of this application does not obligate you or Express Yourself Academy, Inc. (iStepsCinco!) in any way.

Personal Information

Your Name: _____ Age: _____

E-mail: _____

Spouse's Name: _____

Number of Children/Dependents: _____

Home Address: _____ How Many Years? _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Best Time to Call: _____

Work Phone: _____ Best Time to Call: _____

Cellular Phone: _____ Best Time to Call: _____

Fax: _____

Education (check one): 8 9 10 11 12

College: _____ 1 2 3 4

Degree: _____ Major: _____

Master's Degree: _____



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Employment Information

Note: Employment records and resumes may also be attached.

Company/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Position/Title: _____

Salary: _____

Started: _____

Job Description: _____

Previous Business and Work Experience:

(1) Company: _____

Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Position: _____ Income: _____

(2) Company: _____

Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Position: _____ Income: _____

(3) Company: _____

Address: _____

City: _____ State: _____ Zip: _____

From/To: _____ Position: _____ Income: _____



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Business Information

Are you planning to pay via personal check or PayPal (credit card debit)? Check PayPal

Will you have funds and credit available for local advertising (the amount is up to you) and business expenses (e.g., office supplies, microphone and portable amplification, a whiteboard and markers, etc.)

These expenses may total approximately \$500-\$1000 your first year. _____

Territory Preferred—State: _____ Cities: 1. _____ 2. _____ 3. _____

Why do you want to become a iStepsCinco! teacher? _____

When would you like your first classes to open? _____

What are your reasons for going into your own business?

1. _____
2. _____
3. _____

What are some of the major questions you have about owning your own business?

1. _____
2. _____
3. _____

Why do you think you would be a good iStepsCinco! teacher? _____

What skills and experience do you have that would give you the ability to be a success in this business?

1. _____
2. _____
3. _____

How did you hear about StepsCinco? _____

Do you know anyone who may be interested in the iStepsCinco! Teacher Training opportunity? (\$75 referral if he or she takes the Teacher Training seminar!)

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Name: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail: _____



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Consent Form

I certify that, to the best of my knowledge, the information contained herein is accurate and complete. Express Yourself Academy, Inc. (iStepsCinco!) is hereby authorized to investigate my background as it pertains to qualification and status. This may include investigations of past employment, references, education and information contained in public records including credit, criminal, and motor vehicle data. I release all such persons and sources from any liability or damages from having furnished such information.

I authorize the procurement of an investigative consumer report and a background search in accordance with anti-terrorism legislation, such as the USA Patriot Act and Executive Order 13224 enacted by the U.S. Government. I understand that this investigation may reveal information about my background, character, general reputation, mode of living, association with other individuals or entities, creditworthiness and job performance. I understand that, upon written request, within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I hereby release a representative of Express Yourself Academy, Inc. (iStepsCinco!), a credit bureau, security consultant or other investigative service provider selected by Express Yourself Academy, Inc. (iStepsCinco!), its officers, agents, employees, and/or servants from any liability arising from the preparation of the investigative consumer report and/or background search.

This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation, association with others and past performance. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies or other investigative service providers to release such information without restriction or qualification to a representative of Express Yourself Academy, Inc. (iStepsCinco!), a credit bureau, security consultant or other investigative service provider selected by the Express Yourself Academy, Inc. (iStepsCinco!) and any of its officers, agents, employees and/or servants. I voluntarily waive all recourse and release them from liability for complying with this authorization. This authorization/release shall apply to this as well as any future request for an investigative consumer report and/or background search by the above named individuals or entities. I authorize that a photocopy or facsimile of this release be considered as valid as the original.

To verify records please provide the following information:

Applicant's Name (please print): First _____ MI: _____ Last: _____

Applicant's Signature: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Submit your completed Confidential Application to:



18125 19th Avenue North • Minneapolis, MN 55447
Phone Toll-Free: 1-866-404-1484 or 763-404-1484 • Fax: 763-404-8241
www.stepscinco.com • kathryn@stepscinco.com