



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

Last Name	First	Middle	Date of Application
Street Address			Home Telephone
City, State, Zip		County	Business Telephone
Have you ever applied for employment with Stepping Stone School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
Have you ever been employed with Stepping Stone School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			
Position(s) for which you are applying			Pay Expected
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			Will you work overtime if asked?
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available to begin work?
How did you learn of this job? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative Other, Please specify: _____ Employment Agency _____ Current Stepping Stone Employee Name: _____			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Hire Date: _____

School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Type of Degree Or Diploma
High School					
College					
Graduate					
Business/Trade/Technical					

Type of professional licenses held _____ State _____
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Please give an accurate, complete full-time employment record of the last six (6) years. Start with your present or most recent employer.

Company Name	Telephone ()
Address	Employed – (state month and year) From to
Name of Supervisor	Hourly wages or Annual Salary Start Last
State Job Title and describe your work	Reason for leaving

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We may contact the employers listed above unless you indicate those you do not want us to contact. Please List and give reason(s) why we should not contact them.

Employer _____ Reason _____

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Give the name, address and telephone number of three references you know in a professional capacity who are **not related to you and are not previous employers.**

1. _____

2. _____

3. _____

List professional, trade, business or civic activities and offices held (**you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status.**)

Summarize any additional skills and qualifications you have acquired (outside of past work experience) that you feel may be helpful to us in considering your application. _____

Number of days work missed in the last six months. _____

Has a court ever denied parental, custodial or visitation rights as a result of child maltreatment? Yes No

If yes, explain: _____

Are you nor or do you expect to be engaged in other business or employment? Yes No

If yes, explain: _____

Explain any additional information (relative to name change, use of assumed name or nickname) necessary to enable us to check your work record. _____

Why do you want to work in our program? _____

What do you feel best qualifies you for this job? _____

Have you ever been convicted of any of the following:

- | | | | | | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Capital Murder | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Manslaughter |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Murder in the first or second degree | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Kidnapping |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Negligent homicide | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Robbery |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Financial identity fraud | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Rape |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Permanent detention or restraint | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aggravated robbery |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Computer crimes against a minor | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Incest |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Offense of cruelty to animals | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Permitting abuse of a minor |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Theft of property | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stalking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Theft by receiving | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Arson |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Burglary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Breaking or entering |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual offense (Any) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Forgery |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coercion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Terroristic act |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Voyeurism | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Theft of services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Criminal impersonation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Resisting arrest |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | False imprisonment in the first or second degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Domestic battery in the first, second or third degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Public Display of obscenity | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Introduction of controlled substance into body of another person | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Terroristic threatening in the first or second degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sexual assault in the first, second, third, or fourth degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Engaging children in sexually explicit conduct for use in visual or print media, transportation of minors for prohibited sexual conduct, or pandering or possessing visual or print medium depicting sexually explicit conduct involving a child, or employing or consenting to the use of a child in a sexual performance by producing, directing, or promoting a sexual performance by a child | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Felony abuse of an endangered or impaired person | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Criminal attempt, criminal complicity, criminal solicitation or criminal conspiracy/and to commit any of the offenses listed in this section. | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Felony violation of the Uniform Controlled Substances Act | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Prostitution, patronizing a prostitute, or promotion of prostitution | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interference with visitation | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Criminal use of a prohibited weapon | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Endangering the welfare of incompetent person in the first and second degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Endangering the welfare of a minor in the first or second degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Offense of aggravated cruelty to dog, cat or horse | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Communicating death threat concerning a school employee or student | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Interference with visitation or interference with court-ordered custody | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Contributing to the delinquency of a minor or juvenile | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Soliciting money or property from incompetents | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Felony interference with a law enforcement officer | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promoting obscene materials or promoting obscene performance | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Promoting prostitution in the first, second or third degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Obscene performance at a live public show | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Simultaneous possession of drugs and firearms | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Unlawful discharge of a firearm from a vehicle | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Battery in the first, second or third degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Assault - Aggravated assault and assault in first, second or third degree | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Aggravated assault on a family or household member | | | |

Have you ever been convicted of a crime (other than minor traffic violations)? Note: Conviction of a crime (other than minor traffic violations) may disqualify you from employment with Stepping Stone School. Disqualification depends upon the relationship of the crime to the position for which you are applying.

Yes No If yes, explain: _____

Stepping Stone School is a DRUG-FREE WORKPLACE and may require drug screening of any employee or as a condition of their employment.

I, the below signed individual, certify that everything in this application is true and correct to the best of my knowledge. I understand that misleading or incorrect statements or consequential omissions may render this application void, or if employed, would be cause for termination. I authorize individuals or institutions named above to give information regarding my employment, character and qualification, hereby releasing them from all liability for issuing such information. I also understand that some jobs require special background checks and that failure to meet these requirements may lead to my rejections as an applicant or if employed, termination.

Ineligible for Hire Disclosure – I am not currently excluded, debarred or suspended from, or otherwise ineligible to participate in any Federal Health Care Program or in any Federal procurement or non-procurement program.

Signature of Applicant

Date of Signature

For employer's use only

Reference Check

Employer	Person Contacted	Results