STEP ONE FOUNDATION, INC. Stepping Stones Agencies Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, any applicants may request accommodations needed to participate in the application process. This application shall be considered active for a period of time not to exceed 90 days.

Name of Applicant:		Date:		
Street Address:		City:	Zip:	
Home Phone:	Cell Phone:	Email	:	
Emergency Contact Name: _		Relationship:		
Emergency Contact Phone:		Are you 18 yea	ars of age or older? ☐ Yes ☐ No	

Wage Expected:	How did you find o	out about this job openir	ng?	
Are you employed now?	Yes □ No If so, may w	we inquire of your presen	nt Employer? □ Yes □ No	
**************************************			**********	
Name of High School:		City & State:		
College/University/Trade Sc	chool? □ Yes □ No Gradu	ated: □ Yes □ No		
Name of School:		City & State: _		
Special skills that you would	l like us to know about:			
********	**********	********	********	
Do you have any kind of crit If you checked Yes, please p		- Include charge dates, o	outcomes & current status	
Do you have a clean MVR? If you checked No, please pr		Include dates, outcome	s & current status	

If you are applying for a position that requires driving, you will have to fill out MVR papers in HR Office <u>before</u> you can begin your new position.

Please list any acquaintances, friends or relatives that work for Stepping Stones.			
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	n listed?		
**************************************	**************************************		
Reference #1 – Name:	Cell Phone:		
Place of Business:	Office Phone:		
Where did you work together – Company:			
City & State:	Dates:		
What was the working relationship?			
Reference #2 – Name:	Cell Phone:		
Place of Business:	Office Phone:		
Where did you work together – Company:			
City & State:	Dates:		
What was the working relationship?			
Reference #3 – Name:	Cell Phone:		
Place of Business:	Office Phone:		
Where did you work together – Company:			
City & State:	Dates:		
What was the working relationship?			

EMPLOYMENT HISTORY - Begin with most recent employer -

Employer:	Dates of l	Dates of Employment:		
City:	State:	Zip:		
Name of Supervisor:	Telephone:			
Your Title:	Beginning Salary:	Ending Salary:		
Describe Duties:				
Reason for Leaving?				
Employer:	Dates of Employment:			
City:	State:	Zip:		
Name of Supervisor:	Telephone:			
Your Title:	Beginning Salary:	Ending Salary:		
Describe Duties:				
Reason for Leaving?				
Employer:	Dates of Employment:			
City:	State:	Zip:		
Name of Supervisor:	Telephone:			
Your Title:	Beginning Salary:	Ending Salary:		
Describe Duties:				
Reason for Leaving?				
Employer:	Dates of Employment:			
City:	State:	Zip:		
Name of Supervisor:	Telephone:			
Your Title:	Beginning Salary:	Ending Salary:		
Describe Duties:				
Reason for Leaving?				

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and alcohol and drug test before starting work. If employed, I also agree to submit to a medical examination or alcohol and drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and alcohol and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Alcohol and Drug Free Workplace Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicants Signature:	Date:
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OFF	TICE USE ONLY
Reference check findings	
Background check inidings -	
Other comments	
Other comments -	
Hired: □ EEOP Level I □ EEOP Level 2 □ Ass	sociate Start Date:
☐ Admin ☐ Coffee House ☐ Thrift Store I ☐ Th	hrift Store II □ Thrift Store III □ Thrift Store - Clothing
Special conditions	
************	**************
Reasons for not hiring -	