

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

**\*\* PLEASE PRINT LEGIBLY \*\***

## Applicant Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Are you at least 18 years old? If you are under 18 years of age, can you furnish a valid work permit? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? ( YES ) ( NO ) (Proof of U.S. citizenship or immigration status is required if hired.)

## Employment Information

Position(s) applying for: \_\_\_\_\_ Salary Desired \_\_\_\_\_

How did you find out about this job? ( ) Step By Step ( ) Employee ( ) Social Media ( ) On-line Employment Platform  
( ) Other \_\_\_\_\_

Why are you seeking a new job at this time? \_\_\_\_\_

If a part of the Step By Step family, please list your case manager: \_\_\_\_\_

Are you seeking ( ) full time, ( ) part time or ( ) seasonal employment

Are you willing to work overtime? ( YES ) ( NO ) Weekends? ( YES ) ( NO ) Holidays? ( YES ) ( NO )

Are you currently employed? ( YES ) ( NO ) If hired, when would you be able to start? \_\_\_\_\_

List any friends or relatives employed by this company: \_\_\_\_\_

What hours and shift(s) are you able to work? List times in schedule below.

|          | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|----------|--------|---------|-----------|----------|--------|----------|--------|
| TIME IN  |        |         |           |          |        |          |        |
| TIME OUT |        |         |           |          |        |          |        |

## Education (circle highest level achieved)

Elementary: 1 2 3 4 5 6 7 8 Secondary: 9 10 11 12 G.E.D College: 1 2 3 4 5 6 7 8

Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_ Name of School: \_\_\_\_\_

Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_ Location of School: \_\_\_\_\_

Other Education: \_\_\_\_\_ Degree & Major: \_\_\_\_\_

# Work History

| Previous Employment (most recent first) |                    |               |                       |                        |
|---|--------------------|---------------|-----------------------|------------------------|
| Establishment Name<br>Employer name     | Dates<br>From / To | Position Held | Reason<br>for leaving | Office use<br>Verified |
|   |                    |               |                       |                        |
|   |                    |               |                       |                        |
|   |                    |               |                       |                        |

Do you agree to have references contacted in relation to this application? ( ) Yes ( ) No  
(check one)

*(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)*

| Please provide details of three people who can speak on your behalf regarding your work history. |                |  |                        |
|--|----------------|--|------------------------|
| Name   | Contact Number | Position Held / Working Relationship<br>(eg Supervisor, Friend, Co-worker) | Office use<br>Verified |
|  |                |  |                        |
|  |                |  |                        |
|  |                |  |                        |

## Declaration (please read carefully, then sign and date below)

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organization. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

I hereby agree to submit to any drug test required of me, whether prior to my employment or if employed by this company at any time thereafter.

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