

Please complete each section of this form. Incomplete or unsigned applications will not be considered. Please print clearly and use ink. Applications are considered for a ninety-day period only. If you wish to be considered after ninety days from the date of this application, please reapply.

Personal Information

Name: _____			
Last	First	Middle	
Address: _____			
Street	City, State	Zip Code	
Contact Info: _____			
Home Phone	Other Phone	Email	
Drivers License Number: _____			
Position Desired: _____		Date Available: _____	

Education, Licensure and Certification

Dates requested in this section will be used only to verify the accuracy of education and licensure information.

▪ School Name and Location: _____	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: (Degree earned, GED, certificates, etc.) _____

▪ School Name and Location: _____	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: (Degree earned, GED, certificates, etc.) _____

▪ School Name and Location: _____	
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: (Degree earned, GED, certificates, etc.) _____

▪ License/Certificate Type: _____		
State Lic./Cert.: _____	Year Lic./Cert.: _____	Lic./Cert. Number: _____
Is your license/certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: _____	
▪ License/Certificate Type: _____		
State Lic./Cert.: _____	Year Lic./Cert.: _____	Lic./Cert. Number: _____
Is your license/certificate current? <input type="checkbox"/> Yes <input type="checkbox"/> No	Verified By: _____	

Skills/Languages

Please list any languages you are fluent in and any skills relevant to the position you are applying for. (i.e.: Computer, Technical, Office, etc.)

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Experience

List your work experience for at least the past ten years. Please do not leave any gaps. List your most recent employer first. If necessary, attach additional work sheets. This section must be completed even if you submit a resume.

▪ From (MM/YY): _____ To (MM/YY) _____			
Employer: _____		Position: _____	
Supervisor: _____		Title: _____ Phone Number: _____	
Address: _____			
Street	City, State	Zip Code	
Starting Wage: _____	Ending Wage: _____	Reason for Leaving: _____	
▪ From (MM/YY): _____ To (MM/YY) _____			
Employer: _____		Position: _____	
Supervisor: _____		Title: _____ Phone Number: _____	
Address: _____			
Street	City, State	Zip Code	
Starting Wage: _____	Ending Wage: _____	Reason for Leaving: _____	
▪ From (MM/YY): _____ To (MM/YY) _____			
Employer: _____		Position: _____	
Supervisor: _____		Title: _____ Phone Number: _____	
Address: _____			
Street	City, State	Zip Code	
Starting Wage: _____	Ending Wage: _____	Reason for Leaving: _____	
▪ From (MM/YY): _____ To (MM/YY) _____			
Employer: _____		Position: _____	
Supervisor: _____		Title: _____ Phone Number: _____	
Address: _____			
Street	City, State	Zip Code	
Starting Wage: _____	Ending Wage: _____	Reason for Leaving: _____	

Record of Criminal Conviction

Have you ever been convicted of a crime that has not been legally sealed, expunged, or otherwise eradicated?

Yes No

A criminal conviction does not automatically mean that you will not be employed. Factors such as how long ago the conviction occurred, what the conviction was for and your rehabilitation will be considered. If yes, please list by date and type of conviction.

- _____
- _____

Acknowledgement of Policy

Please read each of the following statements and initial, verifying your agreement.

Initial	I authorize SteppingStone ADHC to investigate all statements contained in this application and any supporting documents. I release all parties from any liability arising from such investigation.
Initial	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof of my legal right to work in the United States of America.
Initial	I understand that if I am offered employment, I will, as a condition of such employment, be required to submit proof that I am 18 years or older.
Initial	I agree, if I am offered employment, to abide by all rules and policies of this firm.
Initial	I agree that if I am offered employment, my employment shall be at will and for no definite period, and that my employment may be terminated at any time with or without cause and with or without prior notice. I understand that no statement, policy, course of conduct, supervisor, manager or administrator may alter or amend the above conditions.
Initial	I understand that if I am offered employment, I may, as a condition of such employment, be required to provide an appropriate specimen and consent to have the specimen tested for alcohol and/or drugs by a laboratory selected by this firm. I may also be required to be fingerprinted. I authorize release of the results and fingerprinting to the management of SteppingStone ADHC.

I have read, understand, acknowledge, and agree to abide by all of the above statements. I consent to all investigations and authorizations stated.

Signature: _____

Date: _____

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Equal Employment Opportunity

The following information is voluntary and will not be used for employment decisions.

Please check the number that applies to you:

- White (not of Hispanic origin) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic origin) - Persons having origins in any of the Black racial groups of Africa.
- Hispanic/Latino/Chicano - Persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish Culture or origin, regardless of race.
- Asian or Pacific Islander (except Filipino) - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea and Samoa.
- Filipino - Persons having origins in any of the original peoples of the Philippine Islands.
- American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

Sex: (Check one) Male Female

Your voluntary answers to this section will assist us in evaluating our recruitment efforts. How did you hear about this position? (Check the box that applies.)

<input type="checkbox"/> SteppingStone Website	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Opportunityknocks.org
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Sanfranjobs.com	<input type="checkbox"/> Other, please indicate: _____