

# Step by Step Developmental Services

## Application for Employment

Date \_\_\_\_\_

*Please Print Clearly. Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.*

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information, marital status, sexual orientation (includes perceived sexual orientation), lawful use of any product or lawful recreational activities when not at work, observance of Sabbath, political activities, use of service dog, criminal accusation, domestic violence victim status, or any other category protected by applicable federal, state, or local laws.

STEP BY STEP IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, STEP BY STEP OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Name \_\_\_\_\_ Position Applied For \_\_\_\_\_ (list only one)

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate/Cellular Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

Street, Apartment, or Unit Number

City

State

Zip

Email Address (optional) \_\_\_\_\_ Desired Salary/Hourly Rate (optional) \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ☐ No ☐

Type of employment desired? Full-time ☐ Part-time (Specify Hours) ☐ \_\_\_\_\_ Are you willing to work overtime? Yes ☐ No ☐

Date on which you can start work if hired \_\_\_\_\_ Have you previously applied for employment with STEP BY STEP? Yes ☐ No ☐

If Yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by STEP BY STEP? Yes ☐ No ☐

If Yes, provide dates of employment, location, and reason for separation from employment. \_\_\_\_\_

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

**WORK EXPERIENCE**

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *résumé*."

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 Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
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Telephone (\_\_\_\_) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes ☐ No ☐ If No, why not? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, for what? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

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 Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
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Telephone (\_\_\_\_) \_\_\_\_\_ Dates Employed From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May we contact? Yes ☐ No ☐ If No, why not? \_\_\_\_\_

What will this employer say was the reason your employment terminated? \_\_\_\_\_

Were you ever disciplined? If so, for what? \_\_\_\_\_

How much notice did you give when resigning? If none, explain. \_\_\_\_\_

Have you ever been terminated or asked to resign from any job? Yes ☐ No ☐ If Yes how many times? \_\_\_\_\_

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Has your employment ever been terminated by mutual agreement? Yes ☐ No ☐ If Yes how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes ☐ No ☐ If Yes how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of **each** occasion.

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**WORK REFERENCES**

Please list the names of additional work-related references we may contact. For individuals with no prior work experience only; you may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

**DRIVING INFORMATION [Optional]** (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license?    Yes ☐    No ☐    If yes, License No.: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

If you do not have a driver's license for the state in which you currently reside, why not?

\_\_\_\_\_

Has your license ever been suspended or revoked?    Yes ☐    No ☐

If yes, explain: \_\_\_\_\_

Do you have personal automobile insurance?    Yes ☐    No ☐

If no, explain: \_\_\_\_\_

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?    Yes ☐    No ☐    If yes, explain:

\_\_\_\_\_

## APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that STEP BY STEP may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If STEP BY STEP has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to STEP BY STEP's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the STEP BY STEP's policies and applicable federal, state, and local law.

If employed by STEP BY STEP, I understand and agree that STEP BY STEP, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

**EMPLOYMENT AT STEP BY STEP IS VOLUNTARY AND IS AT-WILL. AT-WILL MEANS THAT YOU ARE FREE TO QUIT OR RESIGN YOUR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. LIKEWISE, AT-WILL MEANS THAT STEP BY STEP MAY TERMINATE YOUR EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, FOR ANY LAWFUL REASON OR FOR NO REASON, AS LONG AS THE TERMINATION IS NOT BASED ON AN UNLAWFUL REASON.**

I authorize STEP BY STEP or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding STEP BY STEP's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to STEP BY STEP or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability STEP BY STEP and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize STEP BY STEP to provide truthful information concerning my employment to future employers and hold STEP BY STEP harmless for providing such information.

If hired by STEP BY STEP, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by STEP BY STEP. I also understand STEP BY STEP employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF ONE YEAR. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**UNDER NEW YORK LAW, AN EMPLOYER MUST ALLOW APPLICANTS THE OPPORTUNITY TO READ, REVIEW SECTION 23-A OF THE NYS CORRECTION LAW.**

I have had the opportunity to read and understand the attachment pertaining to the above statement.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_