



Our mission is to increase independence, improve lives and promote inclusion for children and adults with disabilities.

5650 Given Road
Cincinnati, Ohio 45243
(513) 831-4660
FAX (513) 831-5918

Founded in 1963

www.steppingstonescenter.org

APPLICATION FOR EMPLOYMENT

Stepping Stones Center considers all applicants for employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position(s) Applied For _____ Date ____/____/____

How did you learn about us? _____

Last Name First Name Middle Initial

Street Address City/State Zip

Home Phone Number Cell Phone Number

Social Security Number Email Address

If you are under 18 years of age, can you provide required proof of you eligibility to work?
___ yes ___ no

Have you ever applied for a position with Stepping Stones Center in the past?
___ yes ___ no If yes, give date _____

Have you ever been employed by Stepping Stones Center?
___ yes ___ no If yes, give date _____

Are you currently employed? ___ yes ___ no

May we contact your present employer? ___ yes ___ no

Comments: _____

On what date would you be available to begin work? _____

Are you available to work: ___ full time ___ part time ___ summer/seasonal

U. S. Law requires that, if hired, you must furnish to Stepping Stones Center appropriate documentation establishing your identity and employment eligibility.

Employment Experience

Begin with your present or most recent job. Please include any job-related military service assignments and volunteer activities. You may exclude organizations that might indicate race, color, religion, gender, national origin, disabilities and other protected status.

Employer: _____ Dates Employed: From _____ To _____

Address: _____

City/State/Zip: _____

Hourly Rate/Salary: Starting _____ Final _____

Describe Work Performed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor's Name: _____ Telephone Number: _____

Employer: _____ Dates Employed: From _____ To _____

Address: _____

City/State/Zip: _____

Hourly Rate/Salary: Starting _____ Final _____

Describe Work Performed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor's Name: _____ Telephone Number: _____

Employer: _____ Dates Employed: From _____ To _____

Address: _____

City/State/Zip: _____

Hourly Rate/Salary: Starting _____ Final _____

Describe Work Performed: _____

Job Title: _____ Reason for Leaving: _____

Supervisor's Name: _____ Telephone Number: _____

Personal Information:

Have you been convicted of a felony within the last 10 years? ____ yes ____ no
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

Education:	Name, Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities relevant to the position for which you are applying:

Additional Information:

You may attach your professional resume if desired.

Other qualifications: Please summarize any special job related skills, qualifications, certification, and licensure acquired from employment or other experience. (such as WSI, Adapted Aquatics Instructor, OTR, Nursing License, etc.)

List any additional information you feel may be helpful to us in considering your application:

List professional, volunteer, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

References

If possible, list two people to comment on you as an employee/co-worker and one person who knows you personally.

Name: _____ Daytime Phone: _____

Relationship to Applicant: _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Daytime Phone: _____

Relationship to Applicant: _____

Address: _____ City/State: _____ Zip: _____

Name: _____ Daytime Phone: _____

Relationship to Applicant: _____

Address: _____ City/State: _____ Zip: _____

Waiver of Release

I, _____ have applied for employment at Stepping Stones Center, by completing an employment application form and/or submitting a resume. I understand that Stepping Stones Center's agents and employees may wish to contact my former employer(s) (as indicated on the application), and conduct investigative inquiries which include criminal, consumer, driving, education, verification and other reports. These background inquiries include information as to character, work habits, education, performance and experience, along with reasons for termination of past employment from previous employers. In signing this WAIVER, I expressly authorize Stepping Stones Center's agents and employees to make these inquiries. I also authorize sources of information, including past employers, to release the information requested. I hereby indicate my awareness that false statements or failures to disclose information requested on the application may be sufficient to disqualify me for employment, or if employed, may result in my dismissal. Therefore, I hereby certify that all information contained in this Application is true and accurate I acknowledge that Stepping Stones Center reserves the right to amend or modify its policies, in its employment handbook or elsewhere, at any time without prior notice. These policies do not create any promises or contractual obligations between Stepping Stones Center and its employees. If I am employed by Stepping Stones Center, such employment will be at-will. This means I am free to terminate my employment at any time, for any reason, with or without cause, and Stepping Stones Center retains the same rights. The Executive Director of Stepping Stones Center is the only person who may create an exception to employment at will, and such an exception must be in writing and signed by the Executive Director of Stepping Stones Center.

I understand that my application will be considered active for a reasonable length of time. If I wish to be reconsidered for employment, I understand that I should inquire as to whether a new application is needed and or if applications are being accepted at the time.

Signature of Applicant: _____ Date: _____

Revised February 09