



## Employee Application

### Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Cell Phone	
Work Phone	
Home Phone	
Email Address	
Were you referred by a current Stepping Stone employee (Y or N)? _____	Name of employee: _____

### Availability

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Monday mornings    | <input type="checkbox"/> Monday afternoons    | <input type="checkbox"/> Friday Night Out Events |
| <input type="checkbox"/> Tuesday mornings   | <input type="checkbox"/> Tuesday afternoons   | <input type="checkbox"/> Other (specify)         |
| <input type="checkbox"/> Wednesday mornings | <input type="checkbox"/> Wednesday afternoons |  |
| <input type="checkbox"/> Thursday mornings  | <input type="checkbox"/> Thursday afternoons  |  |
| <input type="checkbox"/> Friday mornings    | <input type="checkbox"/> Friday afternoons    |  |

### Professional References

Name _____	Email _____
Phone _____	How does this person know you? _____
Name _____	Email _____
Phone _____	How does this person know you? _____
Name _____	Email _____
Phone _____	How does this person know you? _____

### Personal References

Name _____	Email _____
Phone _____	How does this person know you? _____
Name _____	Email _____
Phone _____	How does this person know you? _____

**Work Experience: For the past five years, list dates of employment, name of employer, and general responsibilities.**

**Education**

High School:

College/University:

Business/Technical:

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies and sports.

**Why Stepping Stone?**

Tell us why you wish to work with Stepping Stone Support Center and what you can contribute to our goal of helping adults with developmental disabilities to lead productive lives.

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**Person to Notify in Case of Emergency**

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Work/Cell Phone	
Email Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth herein are true and complete. I understand that if I am offered employment, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Equal Opportunity Employer**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in working with us!

Please email this application to [crista@steppingstonesupportcenter.com](mailto:crista@steppingstonesupportcenter.com)