



S.T.E.P's Developmental Academy, Inc.

APPLICATION FOR EMPLOYMENT		S.T.E.P's Developmental Academy, Inc		Date of Application
An Equal Opportunity Employer Please Print or Type		4102 Logan Circle Indian Trail, NC 28079		
Social Security Number	Last Name	First Name	Middle Name	
Address (Street number and name)		City	County	
State	Zip Code	Phone - Home ()	Phone - Business ()	
Former Address (If current address is less than one year)		City	County	
State	Zip Code	Driver License Number		
Marital Status	Emergency Contact Person and Phone number			
Circle the types of work you will accept: 1. Full Time 2. Part-time 3. Temporary 4. Shift				
Date available to begin work (mo./day/yr.) _____				
Job/Position Applied For: _____				
Employment Questionnaire: Please circle				
Have you ever been employed here before? If yes, give date and position _____			Yes	No
Are you legally eligible for employment in this country? (proof of your legal right to work in the United State will be requested)			Yes	No
Do you have a valid driver license?			Yes	No
Have you ever been convicted of a D.W.I.? If yes, give date of conviction _____			Yes	No
Do you have any points on your driving record? If yes, how many? _____			Yes	No
Have you ever been convicted of a crime other than a minor traffic violation? If yes, please give details: _____ _____			Yes	No
Are there currently any charges against you which have not been resolved? If yes, please give details: _____ _____			Yes	No
Have you been convicted and/or do you have a history of child abuse, neglect and exploitation? If yes, please give details _____			Yes	No
Are you able to perform the essential functions of this position with or without accommodations (see attached job description)? Please list any needed accommodations: _____			Yes	No
Are you presently using any illegal drugs?			Yes	No
Do you hold any professional licenses? If so, please list below:			Yes	No
Type: _____	No: _____	Exp. _____		



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Type: _____ No: _____ Exp. _____

Is your professional license currently under suspension and/or been suspended in the last two years? Yes No
 Have you ever experience any loss of privileges or disciplinary activity related to your professional work and/or professional license? If so, please list: Yes No

Do you have professional malpractice insurance coverage? (proof of insurance may be requested) Yes No

List fields of training, skills, licenses, registered and certified that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education:
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Grad?	Maj/Min Course Work	Type Deg
High Schools		Yes ----- No		
College University		Yes ----- No		
Graduate or Professional		Yes ----- No		

Work History

(A) Current or Last Employer	Address	Phone
Job Title	Supervisor Name and Title	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per
	Reason for Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Duties: _____	

Length of Service	Years Months _____	

Office Use Only

NC Health Care Personnel Registry Check # _____ Date _____

(B) Employer	Address	Phone
Job Title	Supervisor Name and Title	No. Supervised by You



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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Duties: _____			
Length of Years Months Service _____	_____			

(C) Employer	Address		Phone
Job Title	Supervisor Name and Title		No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	Duties: _____		
Length of Years Months Service _____	_____		

Three References: Please provide complete name, telephone number, and title for all references. Please do not list relatives.

Name	Telephone	Title



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DO NOT SIGN UNTIL YOU READ THE BELOW CERTIFICATION OF APPLICATION

Certification of Application:

I hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, or omission of fact may be cause for my application not to be considered; or, if I have been employed may be caused for my immediate dismissal. I expressly authorize this agency to contact and obtain information from all references, employers, licensing authorities, public agencies, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application or job interview. I hereby waive any rights and claims I may have regarding this agency for seeking, gathering, and using such information process and all other persons, corporation or organization for furnishing such information about me. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.

Signature of Applicant _____

Date _____