



Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

STEP does not and shall not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff. Selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.



For Interviewer's Use Only

Interviewed

By: _____ Date: _____

Comments:

Recommended for Hire?

YES NO

Interviewer's Signature: _____

Interviewed

By: _____ Date: _____

Comments:

Recommended for Hire?

YES NO

Interviewer's Signature: _____

Interviewed

By: _____ Date: _____

Comments:

Recommended for Hire?

YES NO

Interviewer's Signature: _____



HIRED: YES NO
 Start Date: _____ Facility: _____

Job Title: _____ Level: _____ Step: _____

Hourly Rate: _____

Comments:



Name: _____

Title: _____ Date: _____



& DRIVER'S LICENSE AUTHORIZATION FORM

Services To Enhance Potential requires criminal background/ drivers' license checks of all full-time and part-time employees, seasonal, interns and volunteers (over age 18). These measures are being instituted to ensure the safety of participants, employees and volunteers.

EMPLOYEE INFORMATION

PLEASE PRINT CLEARLY

Status:	<input type="radio"/> Employee	<input type="radio"/> Seasonal/Intern	<input type="radio"/> Volunteer
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Last Name:		First Name:		Middle Initial:	
Date of Birth: ___ / ___ / ___ <div style="background-color: #cccccc; padding: 2px; text-align: center; font-size: small;">Month / Day / Year</div>		Gender: M F <i>(Circle One)</i>		Race: W B I A H U <i>(Circle One)</i>	
Social Security Number:				Codes for Race:	
MI Driver's License Number:				White.....W Black.....B American Indian/Alaskan.....I Asian/Pacific Islands.....A Hispanic.....H Unknown.....U	
Driver's License Expiration Date:					

If you may be known by any other name (i.e., pre-marriage, alias), please indicate: Yes No

If so, when was the last year you used this name? _____

Other Last Name:		Other First Name:		Other Middle Initial:	
Other Last Name:		Other First Name:		Other Middle Initial:	

I certify that the information provided above is true and complete. I understand that false or misleading information given in my employment or volunteer application, interview(s) or on this form will render my application void and will result in termination in the event of my employment or volunteer assignment. I authorize STEP to make a criminal background investigation in arriving at a decision regarding my employment or volunteer service. I further authorize the Michigan State Police to release criminal background information as part of the criminal background and the Secretary of State to release driving records as part of the driver's license check to Services To Enhance Potential.

Signature: _____ Date _____

