



# EMPLOYMENT APPLICATION



VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, PREGNANCY, NATIONAL ORIGIN, GENETIC INFORMATION, AGE, DISABILITY, VETERAN STATUS, OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW. STEPS IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

COMPLETED APPLICATIONS MUST BE RETURNED TO: STEPS INC., 225 INDUSTRIAL PARK RD., FARMVILLE, VA 23901

## PERSONAL INFORMATION

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Last)	(First)	(Middle)	Social Security Number
Address		City	State & Zip
			Email
( )	( )		
Home Telephone	Business Telephone	May we contact you at work? ___Y ___N	
Position Applying For: _____		Date Available: _____	
Have you been employed by STEPS before? _____		If yes, dates of employment: _____	
How were you referred to STEPS? _____			

## EDUCATION

Type of School	Name and Location of School	Degree / Area of Study / Certification	Number of Years Attended	Graduated (Check One)
High School	Name _____			Y _____
	City _____ State _____ Zip _____			N _____
College	Name _____			Y _____
	City _____ State _____ Zip _____			N _____
Graduate School	Name _____			Y _____
	City _____ State _____ Zip _____			N _____
Other	Name _____			Y _____
	City _____ State _____ Zip _____			N _____

**SPECIAL SKILLS**

<b>PC Software / Other Equipment / Proficiency</b>

**LEGAL**

Are you legally eligible to work in the United States?  Yes  No.

Have you ever been convicted of a felony?  Yes  No

If yes, please explain offense and final disposition (including date of offense and jurisdiction.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Answering "Yes" does not automatically preclude your employment. Please provide details so we can make a fair decision.

**EMPLOYMENT HISTORY**

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of activities. Please indicate if you were employed under a different name.

May we contact your present employer?  Yes  No      Past Employer?  Yes  No

Dates	Name and Address of Employer	Position Held and Supervisor	List Major Duties	Salary / Wages	Reason for Leaving
From: ____/____ Mon. Yr.	Name _____ Address                      City                      State _____ (____)_____ Phone	_____ Job Title _____ Supervisor		_____ Starting _____ Final	
From: ____/____ Mon. Yr.	Name _____ Address                      City                      State _____ (____)_____ Phone	_____ Job Title _____ Supervisor		_____ Starting _____ Final	
From: ____/____ Mon. Yr.	Name _____ Address                      City                      State _____ (____)_____ Phone	_____ Job Title _____ Supervisor		_____ Starting _____ Final	
From: ____/____ Mon. Yr.	Name _____ Address                      City                      State _____ (____)_____ Phone	_____ Job Title _____ Supervisor		_____ Starting _____ Final	

**REFERENCES**

<b>Business References</b>				
<i>(Do not list relatives. Please indicate if you were employed under a different name.)</i>				
<b>Name</b>	<b>Address</b>	<b>Work Phone #</b>	<b>Title</b>	<b>Years Known</b>
		( )		
		( )		
		( )		

**PLEASE READ CAREFULLY**

I certify that all entries on this application are true, complete, and accurate to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand that I am required to abide by all rules and regulations of STEPS, Inc. I understand and agree that if employed, the employment will be "at will." That is, either I or STEPS may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by STEPS does not imply employment and that this application and/or any other STEPS documents are not contracts of employment.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

## Equal Employment Opportunity Voluntary Self ID Survey

Applicants and employees are treated without regard to race, color, sex, religion, gender, national origin, citizenship status (unless required by a government contract), age, marital or veteran status, physical or mental disability, or any other legally protected status during every aspect of the employment process.

We comply with government regulations. Solely to help us comply with legal requirements, please complete the survey below. This information will not be used for hiring, placement, or other decisions related to the terms and conditions of employment. This document will be kept in a confidential file, separate from applicant and personnel files. When reported, data will not identify any specific individual.

### YOUR COOPERATION IS VOLUNTARY

### INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION

Please complete the following information. *Please print.*

Last Name:	First Name:
Date:	Job Title:

#### Gender

- Male  Female

**Ethnicity** - Are you Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race?

- Yes  No

**Race** - If you are not Hispanic or Latino, please select the appropriate race category.

- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - persons who identify with more than one of the above five races.
- I respectfully decline completing the information being requested above.

\_\_\_\_\_ *initials*

## PRE-OFFER INVITATION TO SELF-IDENTIFY AS A PROTECTED VETERAN

We are required to comply with the Vietnam Era Veterans' Readjustment Act of 1974 ("VEVRAA"), as amended, which requires government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans covered by VEVRAA as defined below.

- **A Disabled Veteran** - (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) A person who was discharged or released from active duty because of a service-connected disability.
- **A Recently Separated Veteran** – any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- **An Active-Duty Wartime or Campaign Badge Veteran** – a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **An Armed Forces Service Medal Veteran** – a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you are a veteran covered by VEVRAA, we would like to invite you to participate in our affirmative action program. You may inform us of your desire to benefit under this program at this time and/or at any time in the future. The Company's affirmative action program describes the Company's commitment to undertaking affirmative action to recruit, place and advance in employment covered veterans. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classifications of protected veterans listed above.**  
 **I am not a protected veteran.**  
 **I don't wish to answer.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

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

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_