EMPLOYMENT APPLICATION

STEPS Head Start
Moving Lives Forward

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) Email

Address City State & Zip

( ) ( )

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 _____ City State Zip			Y _____ N _____
College	_____ Name _____ City State Zip			Y _____ N _____
Graduate School	_____ Name _____ City State Zip			Y _____ N _____
Other	_____ Name _____ City State Zip			Y _____ N _____

SPECIAL SKILLS

PC Software / Other Equipment / Proficiency

LEGAL

Are you legally eligible to work in the United States? _____Yes _____No.

EMPLOYMENT HISTORY

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the natur 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	Reason for Leaving
From: _____/_____ Mon. Yr. To: _____/_____ Mon. Yr.	_____ Name _____ Address City State (_____)_____ Phone	_____ Job Title _____ Supervisor		
From: _____/_____ Mon. Yr. To: _____/_____ Mon. Yr.	_____ Name _____ Address City State (_____)_____ Phone	_____ Job Title _____ Supervisor		
From: _____/_____ Mon. Yr. To: _____/_____ Mon. Yr.	_____ Name _____ Address City State (_____)_____ Phone	_____ Job Title _____ Supervisor		
From: _____/_____ Mon. Yr. To: _____/_____ Mon. Yr.	_____ Name _____ Address City State (_____)_____ Phone	_____ Job Title _____ Supervisor		

REFERENCES

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

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 <u>are not</u> 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 04/30/2026

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability, or have had one in the past
☐ No, I do not have a disability and have not had one in the past
☐ I do not want 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: _____