

SPARC/STEPPING STONE, INC.

Dear Applicant, _____
Print Your Name

- Requirements – *initial each line that applies:*
 - _____ 18 years old
 - _____ High school diploma or GED
 - _____ Valid Oregon driver's license; willingness to provide client transports

- Pre-employment – Willingness and ability to pass the following:
 - ◆ _____ Pass driving record check
 - ◆ _____ Pass criminal background check
 - ◆ _____ Pass pre-employment drug screen
 - ◆ _____ Ability to Lift 65 lbs
 - ◆ _____ Work flexible schedules / hours / shifts

- SPARC/Stepping Inc. provides quality care and service to adults with developmental disabilities.

- Our dedicated staff work as a team providing respectful, helpful, friendly, courteous and compassionate care to people with developmental disabilities. Our team provides direct care/skills trainer service that includes supportive and at times intimate care.

Supportive care requires minimum lifting requirements and/or the ability to operate machinery.

Intimate care may require hygiene needs that includes but are not limited to bathroom and bathing assistance.

- SPARC/Stepping Stone, Inc. values quality and encourages employee professional development through a personal development plan. You will be expected to complete a course of trainings to include, but not limited to CPR & First Aid, Bloodborne Pathogen, OIS, and skills development and On-The-Job Training specific to the position, and in some cases Consumer/Client specific.

Only those applicants selected by our hiring team for an interview will be contacted.

All applications are held for 6 months

Thank you for applying for a position with SPARC/Stepping Stone, Inc.

Signature

Date

SPARC/Stepping Stone, Inc.
1990 NW Washington Blvd., Grants Pass Oregon 97526

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Name:	Last First Middle	Date:	
Other name(s) used:	Email address:		
Mailing Address:	Street	City	State / Zip
Current Address:	Street	City	State / Zip
Home / Cell Phone No:	Referred By:		
EMPLOYMENT DESIRED			
Position(s):	Date you can start:	Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hours Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Graveyard <input type="checkbox"/> Temporary <input type="checkbox"/> Any			
Have you ever worked for us? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____			
Are you related to anyone in our organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, who? _____			
GENERAL INFORMATION			
Driver's license number / state: Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been found to have committed abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Computer Skills:			
Activities / Volunteer Work:			
EDUCATION			
	NAME, CITY & STATE OF SCHOOL	# OF YEARS ATTENDED	DEGREE
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College			
Trade, Business or Technical School			
REFERENCES: List names of three persons not related to you, whom you have <u>known at least 3 years.</u>			
	NAME	TELEPHONE	YEARS KNOWN
<p>SPARC-Stepping Stone is an equal opportunity employer. SPARC-Stepping Stone does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.</p>			

FORMER EMPLOYERS: List below the last four employers, starting with the last one first.

Company (Name, Address, City, State)		Supervisor's Name	Phone Number
Start Date	End Date	Position	
Ending Salary	Reason for Leaving	May we contact your reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
Job Duties			

Company (Name, Address, City, State)		Supervisor's Name	Phone Number
Start Date	End Date	Position	
Ending Salary	Reason for Leaving	May we contact your reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Status <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Other
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Start Date	End Date	Position	
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Job Duties			

Explain gaps in employment:

Read information below carefully prior to signing application

Applicant's Statement: I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. Any misrepresentation by me in this application will be sufficient cause for cancellation of this application and separation from the employer's service if I have been employed. I understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means I am free to resign at any time and the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I further understand that no representative of the Employer has the authority to make any assurances to the contrary.

I fully understand that should I be accepted for employment in this organization, my employment is contingent upon my successful completion of a drug test and criminal background check. The drug test and criminal background check are required before a formal confirmation of employment.

The applicant understands and accepts that all information provided by previous employers shall be held in strict confidence and shall not be disclosed to anyone including the named applicant. In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.

Agree check here

Signature of Applicant:

Date:

DO NOT WRITE BELOW THIS LINE

Direct Support DVD viewed: _____

Interview Date: _____

Position: _____

Recommend for hire: Yes No

No Letter Sent Yes _____

Reference Checks Completed: Yes _____

Ex. Dir. Hiring Approval: Yes No _____

HR Notified applicant: Yes No _____

EMPLOYER REFERENCE FORM

I authorize my former employer to release previous employment information as requested:

X _____
Signature of Applicant

I agree to hold SPARC Enterprises, Inc. and Stepping Stone Residential Services, Inc. harmless from any damages as result of any and all requests for past performance information about me. I hereby authorize this employer to investigate all references and to secure additional job related information about me. I further authorize all of my former employers to provide this employer past performance information about me. By my signature below, I provide these authorizations with the understanding that I do so without recourse.

 We are considering this applicant for a position with our agency as a _____. He / She have listed your company as a former employer. Would you grant us a fair and frank appraisal of the applicant's work experience with you? Your prompt and honest attention is appreciated.

Sincerely,

Human Resource Signature

X _____
Print Name (Applicant)

X _____
Social Security #(Applicant)

EMPLOYER: PLEASE COMPLETE INFORMATION BELOW

EMPLOYER: _____ Employed From: _____ to _____ Job Title: _____

	Excellent	Satisfactory	Unsatisfactory	COMMENTS
Quality of work				
Ability to accept constructive criticism				
Work attitude				
Cooperativeness				
Attendance				
Punctuality				
Reliability				
Ability to learn				
Supervisory skills				
Appearance				
Integrity				
Safety conscious				

Why did the Applicant Leave Your Employ:

Would You Rehire: _____ (If no, please explain):

Additional Comments:

Signed: _____ Title: _____ Phone Number: _____