



Creating vibrant communities through empowered women

## JOB APPLICATION

**InStepp Inc.**  
**PO Box 52584, Durham, North Carolina 27717**  
**919.680.8000**

InStepp Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal laws. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

### **Applicant Information**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_

### **Employment Position**

**Position applying for:** \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

### **Personal Information**

Are you a U.S. citizen or approved to work in the United States?  Yes  No

What document can you provide as proof of citizenship or legal status

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**Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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*(Note: InStepp Inc. complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employers to perform essential functions.)*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned



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**Previous Employment Past 5 Years: Provide your most recent employment first**

**Employer Name:** \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_



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**References**

Please provide two (2) professional

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and InStepp Inc. is referred to as “employment at will”. This means that your employment can be terminated at any time for any reason, with or without cause, with and without notice, by you or InStepp Inc. No representative of InStepp Inc. has authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and the CEO of InStepp Inc.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_