

APPLICATION FOR EMPLOYMENT



Community Options
801 B Washington St.
Chillicothe, MO 64601
(660) 646-0109

Date: _____

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Office Manager.

Name: _____ Social Security Number: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: (____) _____ Cell Phone: (____) _____ Date available to work: ____/____/____

In case of emergency notify: _____
Name Address Phone Number

• Availability

To help us consider you for a job that matches your availability, please fill in the earliest time and the latest time you can work each day.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Time							
Latest Time							

Check if you are able to work: Days Evenings Overnights Saturdays Sundays

Position applied for: _____ Type of employment desired: Full-Time Part-Time Temporary

Do you have a driver's license? Yes No Do you have reliable transportation? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if necessary? Yes No

Have you submitted an application here before? Yes No If yes, give date(s) _____

Have you ever been employed here before? Yes No
If yes, give date(s): From: ____/____/____ To: ____/____/____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
If yes, give date(s) and details _____

Have you ever had an SIS (Suspended Imposition of Sentence)? Yes No
If yes, give date(s) and details _____

Are you now or have you ever been on the sex offender registry? Yes No

Are you on the Employee Disqualification List of Department of Social Services, Department of Health & Senior Services or Department of Mental Health? Yes No

Are you legally eligible for employment in this country? Yes No

Do you have a high school diploma, GED or HiSet? Yes No
If yes, from where? _____

•Employment History

Starting with your most recent employer, provide the following information.

°Employer: _____ Telephone: (____)_____
Address: _____
Street City State Zip Code
Starting job title and final job title: _____ Starting pay and final pay: \$_____ \$_____
Immediate Supervisor: _____ May we contact for reference? Yes No Later
Dates Employed: From: ____/____/____ To: ____/____/____ Why did you leave? _____
Summarize the type of work performed and job responsibilities: _____

°Employer: _____ Telephone: (____)_____
Address: _____
Street City State Zip Code
Starting job title and final job title: _____ Starting pay and final pay: \$_____ \$_____
Immediate Supervisor: _____ May we contact for reference? Yes No Later
Dates Employed: From: ____/____/____ To: ____/____/____ Why did you leave? _____
Summarize the type of work performed and job responsibilities: _____

°Employer: _____ Telephone: (____)_____
Address: _____
Street City State Zip Code
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Immediate Supervisor: _____ May we contact for reference? Yes No Later
Dates Employed: From: ____/____/____ To: ____/____/____ Why did you leave? _____
Summarize the type of work performed and job responsibilities: _____

°Employer: _____ Telephone: (____)_____
Address: _____
Street City State Zip Code
Starting job title and final job title: _____ Starting pay and final pay: \$_____ \$_____
Immediate Supervisor: _____ May we contact for reference? Yes No Later
Dates Employed: From: ____/____/____ To: ____/____/____ Why did you leave? _____
Summarize the type of work performed and job responsibilities: _____

**Please explain any gaps in your employment, other than those due to personal illness, injury or disability: _____

**If not addressed above, have you ever been fired or asked to resign from a job? Yes No
If yes, please explain. _____

•Skills and Qualifications

Summarize any special training, skills, licenses, and/or certificates that may assist you in performing the position for which you are applying.

Previous employment information. Please fill out form for each previous employer.

Applicant's Name: _____ Social Security No.: _____

Employer's Name: _____ Phone: _____

Dates of Employment: _____ Position: _____

Reason for leaving: _____

I authorize _____ to release any work-related information regarding my employment and do hereby unconditionally release your organization from all liability from any damage whatsoever which might result from furnishing same.

Signature of Applicant

Date

REFERENCE CHECK

The person named above has applied with Community Options. Please verify the above information, complete this section and return the form. Thank you.

EVALUATION:

Quality of Work Performed: ___ Excellent ___ Very Good ___ Good ___ Poor

Acceptance of Supervision: ___ Excellent ___ Very Good ___ Good ___ Poor

Ability to relate to coworkers: ___ Excellent ___ Very Good ___ Good ___ Poor

Attendance: ___ Excellent ___ Very Good ___ Good ___ Poor

1. Does the above information correspond with your records? Yes _____ No _____
If no, please state correct information: _____

2. Is this person eligible for rehire? Yes _____ No _____

3. If not eligible, please explain: _____

4. Comments: _____

5. Evaluator's Signature and Title: _____ Date: _____

Please return to: Community Options, 801 B. Washington St., Chillicothe, MO 64601

Phone: 660-646-4699 Fax: 660-646-2808

Thank you for your assistance!

• **References**

List name and telephone of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	Number of Years known

Is there any information you want us to know about you? _____

❖ **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representative, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer’s service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT!

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Print Name: _____

Signature of Applicant: _____

Date: _____