

Contractor Application **Name:** _____ **Date:** _____

DABCI Marketshare LLC DBA P Inc Nationwide Services 573-341-8240

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Previous Address: _____
Street Address Apartment/Unit #

*City State*** ZIP Code*

*** Have you lived outside of MO in the last 5 years? YES NO

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the state of MO? YES NO If yes, when? _____

Are you in good standing with MO State? YES NO Have you ever been convicted of a felony?

If No, explain: _____ If Yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma : _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

Contractor Application

Name: _____ **Date:** _____

Professional References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Contractor Application

Name: _____ **Date:** _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Background Check Disclaimer and Signature

I authorize my employer, or potential employer, to investigate, obtain, compile, examine, copy, or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and understand completely and without reservation allow my employer to release and/or discuss any information about my employment history or college transcript(s) with authorized personnel of the Department of Social Services. I further authorize the Department of Social Services to share any personnel information that the Department of Social Services may have about me with my employer or prospective employer as the Department of Social Services determines necessary to make personnel decisions regarding my suitability to provide services with my employer. By authorization of the above, the applicant agrees to hold harmless any individual, partnership, corporation, educational institution, or agency, The Department of Social Services, the Missouri Children's Division, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information.

The application contains no misrepresentation or falsifications and that the information given is true and complete to the best of their knowledge and belief, that the applicant is aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if selected, the applicant may be dismissed by the employer.

Signature: _____ Date: _____

Print Name: _____

- Attachments: HIPAA Agreement
- Drivers License
- Insurance if Applicable
- W9