

Selah Place of Oregon County, Inc.



Office 417-821-1080
Toll Free 1-833-623-1899
2 Cemetery Lane
Thayer, MO 65791
Email: selahplace@gmail.com

Employment Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

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

Position Applied For: _____

Desired Schedule:

Full-time	Part-time	Either
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Available to Work:

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can You Work Nights?:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

How Many Hours a Week Can You Work?: _____ Date Available: _____

Have You Ever Worked for This Company?:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, When: _____

Are You a Citizen of the United States?:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If No, Are you Authorized to Work in the U.S.?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have You Ever Been Convicted of a Felony?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, Explain: _____

Education

High School: _____ Address: _____

From _____ To _____ Did You Graduate?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Diploma: _____

College: _____ Address: _____

From _____ To _____ Did You Graduate?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Degree: _____

Other: _____ Address: _____

From _____ To _____ Did You Graduate?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Degree: _____

References

Please list three professional references. Exclude family and previous employers.

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 This Employer for a Reference?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May We Contact This Employer for a Reference?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary \$: _____ Ending Salary \$: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May We Contact This Employer for a Reference?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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: _____

Selah Place prohibits discrimination in employment or program services on the basis of race, color, gender orientation, age, handicap, religion or national origin.