  

2450 Trails West Avenue, Columbia, MO 65202 phone (573)445-4465 fax (573)446-0899

**EMPLOYMENT APPLICATION**

*PERSONAL INFORMATION* Date:

Last Name First Name MI:

Current Address: Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip: Phone #

Social Security # - - Are you 18 years of age or older? Yes No

Are you a U.S. Citizen or Alien authorized to work in the U.S.? Yes No

*SPECIAL QUESTIONS*

It is optional to answer any of the questions UNLESS the employer has specifically placed an (X) preceding a question. If the question has been checked it is required by the employer for benefits purposes, or is permitted by law.

(X) Date of Birth / /

(X) I understand that I may be required to take one or more: 1) A physical exam, 2) Drug testing (Any testing requirements will be as established by and in compliance with State and/or Federal law, and, other than as legally prescribed, will NOT be a basis for denial of employment, except as allowed by law.) Yes No

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age, with respect to individuals who are at least 40, but less than 70 years of age.

*EMPLOYMENT DESIRED*

Position Date you can start Salary Desired

Currently Employed? Yes No If “YES”, may we contact your current employer? Yes No

*EDUCATION*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name & Location | # Years Attended | Did you graduate? | Subjects Studied: |
| Elementary School |  |  |  |  |
| High School |  |  |  |  |
| College/University |  |  |  |  |
| Trade/Tech School |  |  |  |  |

*EMPLOYMENT HISTORY* – List below your last (3) employers, start with last employer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATEMONTH/YEAR | NAME, ADDRESS & PHONE # OF EMPLOYER | SALARY | POSITION | REASON FOR LEAVING |
| FROM: |  |  |  |  |
| TO: |
| FROM: |  |  |  |  |
| TO: |
| FROM: |  |  |  |  |
| TO: |

*References:* Give the names of at least (3) persons not related to you, whom you have known at least one year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME: | ADDRESS | BUSINESS | PHONE # | YEARS KNOWN |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| *RESIDENCE HISTORY –* List below your last (3) residences, most recent first |
| DATE: MONTH/YR | STREET ADDRESS | CITY | STATE | ZIP CODE |
| FROM: |  |  |  |  |
| TO: |
| FROM: |  |  |  |  |
| TO: |
| FROM: |  |  |  |  |
| TO: |

*PHYSICAL RECORD:*

Do you have any physical limitations that would preclude you from performing any work for which you are being considered? Yes No If “YES”, what can be done to accommodate your limitation(s)?

*IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?*

NAME: RELATIONSHIP TO APPLICANT:

ADDRESS: CITY: STATE: ZIP:

PHONE:

“I certify that all the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.”

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, and any pertinent information that they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

“I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and/or salary, be terminated at any time without prior notice.”

DATE: SIGNATURE:

**DO NOT WRITE IN THIS SECTION – FOR OFFICE USE ONLY**

INTERVIEWED BY: DATE: HIRED: Yes No

STARTING PAY RATE: FULL/PART TIME: START DATE: