



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

DATE MONTH/YEAR	NAME, ADDRESS & PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

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:				

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

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: _____