APPLICATION FOR EMPLOYMENT

Please Print

1. INSTRUCTIONS

PLEASE ANSWER ALL QUESTIONS. Resumes **are not** accepted in lieu of completion of this application. Note: This document was designed to use with several types of positions. Some questions may not be completely applicable to the job/position you are seeking; however, we ask that you fully complete all areas of information.

2. APPLICANT INFORMATION

Position(s) applied for:_____ Date of application_____

Name: _____ Social Security: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone #: ( ) _____ Other Phone #: ( ) _____ E-mail Address: _____

Referral Source (Please check the appropriate category and name the source.)

☐ Walk-in ___ _____ ☐ School _____

☐ Employee _____ ☐ Job Fair _____

☐ Advertisement _____ ☐ Staffing Agency _____

☐ Company's Website _____ ☐ Gov. Employment Agency _____

☐ Other Internet _____ ☐ Other _____

Are you under the age of 18? ☐ Yes ☐ No (**NOTE:** If yes, you may be required to furnish proof of exemption or partial waiver as detailed by your State Child Labor Law.)

Have you previously filed an application with us? ☐ Yes ☐ No If yes, give date._____

Have you previously been employed by us? ☐ Yes ☐ No If yes, give date._____

Do you have the legal right to work in the United States? ☐ Yes ☐ No Date available for work? _____
(**NOTE:** You will be required to provide appropriate document(s) for completion of the I-9 at the time of employment.)

What is your desired salary range or hourly rate of pay? $_____

Type of employment desired: ☐ Full-time ☐ Part-time ☐ Temporary

Will you work overtime if required? ☐ Yes ☐ No
Are you available to travel if required? ☐ Yes ☐ No
Will you relocate if the job requires it? ☐ Yes ☐ No

Driver's License # (if required for position): _____ State_____ Expiration Date: _____

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2. APPLICANT INFORMATION - Continued

Have you ever been bonded? ☐ Yes ☐ No

Have you ever been convicted of a felony/misdemeanor or pleaded nolo contendere (no contest) to a felony/misdemeanor, or pleaded guilty to a felony/misdemeanor, or been found guilty of a felony/misdemeanor? (Include any and all instances of these foregoing even if adjudication was withheld.) ☐ Yes ☐ No _____

_____

Do you have any pending criminal charges: ☐ Yes ☐ No

Do you currently use illegal drugs? ☐ Yes ☐ No

If yes, provide details including dates: _____

PLEASE NOTE: THE FACT THAT YOU ARE AWAITING TRIAL OR HAVE A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION.

3. SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying._____

_____

_____

Computer Skills (Check appropriate boxes. Include software titles and years of experience**.)**

☐ Word Processing _____ Years: _____ ☐ Internet _____ Years: ____

☐ Spreadsheet _____ Years: _____ ☐ Other _____ Years: ____

☐ Presentation _____ Years: _____ ☐ Other _____ Years: ____

☐ E-mail _____ Years: _____ ☐ Other _____ Years: ____

4. EDUCATION DATA

School	Print Name, Number & Street, City, State & Zip Code for Each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Bus., Night/ Correspondence				

5. ORGANIZATIONAL/PROFESSIONAL INFORMATION.

To what job-related organization (professional, trade, etc.) do you belong? Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protested status.

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List special accomplishments, publications, awards, etc. Exclude information that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

_____

_____

6. EMPLOYMENT EXPERIENCE LIST YOUR LAST FOUR PREVIOUS EMPLOYERS (most recent first).

Account for all time periods including unemployment, self-employment and military service. This section must be completed in full in addition to any attached resume.

Employer	Dates Employed		Immediate Supervisor
	From	To	May we contact for reference? ☐ Yes ☐ No ☐ Later
Address			
Job Title	☐ Hourly	☐ Salary	Telephone Number
	Starting	Final	Commission/Bonus/Other Compensation $
Work Performed			
Reason for Leaving			

Employer	Dates Employed		Immediate Supervisor
	From	To	May we contact for reference? ☐ Yes ☐ No ☐ Later
Address			
Job Title	☐ Hourly	☐ Salary	Telephone Number
	Starting	Final	Commission/Bonus/Other Compensation $
Work Performed			
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Employer	Dates Employed		Immediate Supervisor
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Employer	Dates Employed		Immediate Supervisor
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Address			
Job Title	☐ Hourly	☐ Salary	Telephone Number
	Starting	Final	Commission/Bonus/Other Compensation $
Work Performed			
Reason for Leaving			

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Please provide an explanation for any lapse of employment. _____

_____

_____

Have you ever been dismissed or forced to resign from an employment? ☐ Yes ☐ No If yes, please explain.

_____

_____

APPLICANT'S STATEMENT, AUTHORIZATION, AND RELEASE

I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for Missouri Alliance for Children & Families (MACF) to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify MACF from any claims or liability resulting from such inquiry. In addition, I release the schools, medical facilities, doctors, my previous employers, and other individuals from all liability as a result of responding to such inquiries. MACF is required to verify any and all previous State of Missouri child welfare agency employment history on its applicants. By signing below you do hereby agree and understand your obligation to include such employment history within the Application or as an attachment to the Application, and if so, you do hereby in good faith and to the best of your knowledge disclose whether or not the terms and conditions of your status were in "good standing" upon separation of said employment with the state child welfare agency.

By authorization of the above, I agree to hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information. I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with MACF. In addition, if I am employed by MACF, any discovery of misrepresentation or omission of fact(s) on this Application for Employment following my employment may result in discipline up to and including termination.

I understand that this application remains current for 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.

I understand that employment with MACF is at-will and for no guaranteed period of time and may be terminated by myself or MACF with or without notice. I acknowledge that any promises, policies, business practices, procedures, or documents (including MACF's Employee Handbook and this employment application) do not constitute an employment contract or modification of the at-will employment relationship between MACF and myself. 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 expressed language are valid unless they are in writing and signed by the employer's President/CEO.

MISSOURI ALLIANCE FOR CHILDREN AND FAMILIES STATEMENT

MACF does not discriminate on any basis prohibited by law. No questions will be unlawfully used for the purpose of limiting or excusing any applicant from employment. MACF complies with the Americans with Disabilities Act of 1990. MACF is an equal employment opportunity employer. It is the policy of the Company to make employment decisions without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, marital status or any other protected category.

I agree that I will provide proof of identity and legal work authorization, if I become employed with MACF. I represent, certify, and warrant that I have read the application in its entirety and understand the foregoing, and voluntarily seek employment under these conditions.

EMPLOYEE SIGNATURE:

Signature_____Date:_____

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