

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____

Name _____

(Last)

(First)

(Middle)

Present Address _____

(Street)

(City)

(State)

(Zip)

Permanent Address _____

(Street)

(City)

(State)

(Zip)

Phone No. _____

Are you 18 years of age or older? Yes ☐ No ☐

Referred By _____

EMPLOYMENT DESIRED

Position _____

Date You
Can Start

Salary
Desired

Are You Employed Now? Yes ☐ No ☐

If So May We Inquire

Of Your Present Employer?

Yes ☐ No ☐

Ever Applied to this Company Before? Yes ☐ No ☐

Where? _____

When? _____

Are you related to an employee or a board member? _____

Yes ☐

No ☐

EDUCATION

| | Name and Location of School | Last Year Completed | Did You Graduate? | Subjects studied and Degrees(s) Received |
|--------------------------------------|-----------------------------|------------------------|--|---|
| Grammar School | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| High School | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| College | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | (Attach copy of transcript) |
| Trade, Business or Correspondence | | 1 2 3 4 | Yes <input type="checkbox"/> No <input type="checkbox"/> | (Attach copy of certificate) |

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills (typing, driver's license, etc.) _____

South Central Missouri Community Action Agency

P.O. Box 6

Winona, Mo 65588

(573) 325-4255



FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

| Date Month and Year | Employer Name, Address & Phone # | Salary (upon leaving) | Position | Reason for leaving |
|------------------------|----------------------------------|--------------------------|----------|-----------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

REFERENCES

List below three persons not related to you, whom you have known at least one year.

| Name | Address/Phone # | Position | Years Acquainted |
|------|-----------------|----------|---------------------|
| 1. | | | |
| 2 | | | |
| 3 | | | |

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, drug/alcohol test results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature

Any employee hired to fill a position requiring a Commercial Drivers License (CDL), must participate in Department of Transportation (DOT)/Federal Highway Administration's (FHWA) mandated drug and alcohol testing programs. Pre-employment testing shall be given after the job offer, but before employment begins, with the offer contingent on test results.

ANSWER ALL QUESTIONS BELOW

Declaration Form for Prospective Employees

For use by Head Start Agencies to comply with 45 CFR Part 1301, Subpart D, Head Start Grants Administration, Personnel Policies, Section 1301.31 (c) and (d).

Federal policies now require that Head Start agencies require all prospective employees to sign a declaration prior to employment which lists:

- (1) All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- (2) Convictions related to other forms of child abuse and/or neglect; and
- (3) All convictions felonies.

The declarations may exclude:

Any offense, other than any offense related to child abuse and/or child sexual abuse or violent felonies committed before the prospective employee's 18th birthday, which was finally adjudicated in a juvenile court or under a youth offender law.

Any conviction for which the record has been expunged under Federal or State law; and

Any conviction set aside under the Federal Youth Corrections Act or similar State authority.

Note that individuals who declare, through this form, that they have been arrested, charged with or convicted of any of the offenses listed above are not automatically disqualified from being hired. Head Start agencies must review each case to assess the relevance of an arrest, charge or conviction to a hiring decision.

Please provide your signature on the appropriate category below:

I have not been arrested, charged and/or convicted on one or more of the three types of offenses listed above.

Applicant's Signature

Date

OR

I have been arrested, charged, and/or convicted on one or more of these types of offenses listed above.

If so, please attach information listing the offense(s), the date(s) of the arrest, charge, and/or conviction, and other relevant information.

Have you ever been convicted of any additional crimes? (Class A, B, Or C Misdemeanor) ☐ YES ☐ NO

If yes, please explain _____

List any driving violations you have had. _____

The above and foregoing statements are true to the best of my knowledge. I understand misrepresentations may be cause for dismissal. I give SCMCAA permission to check my prior employment, driving and criminal records. I also understand that if arrested and/or convicted of any criminal offense during my employment I must notify my supervisor immediately. I understand I must provide proof of automobile insurance.

DATE _____ SIGNATURE _____

You may use blank sheets of paper to more fully answer any of the questions in the application.

CONFIDENTIAL VOLUNTARY QUESTIONNAIRE

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, be kept confidential, and used only in accordance with government regulations and Affirmative Action Policy.

Race/Ethnic Group:

Sex: ☐ Male ☐ Female

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (not Hispanic or Latino)
- ☐ Asian (not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- ☐ American Indian or Alaskan Native (not Hispanic or Latino)
- ☐ Two or more races (not Hispanic or Latino)

SELF-IDENTIFICATION OF DISABLED AND/OR VETERAN STATUS

- ☐ **Non-Veteran Disabled**
- ☐ **Newly Separated Veteran - Separation date from active duty:** _____
Discharged or released within 3 years from serving on active duty in the United States military, ground, naval, or air service.
- ☐ **Disabled Veteran**
Were discharged or released from active duty for a disability incurred or aggravated in the line of duty while serving in the United States Armed Forces at any time.
- ☐ **Vietnam-Era Veteran**
- ☐ **An Armed Forces Service Medal Veteran**
While serving on active duty in the Armed Forces, you participated in a United States military operation for which an Armed Forces service medal was awarded.
- ☐ **Other Protected Veterans**
Served on active duty during a war; or served on active duty during a campaign or expedition for which a campaign badge, service medal, or expeditionary medal has been awarded.

Company: _____

Employee Name (please print): _____

Employee Signature: _____