Application for Employment



Community Options 801 B Washington St. Chillicothe, MO 64601 (660) 646-0109

accommodati		cation and/or intervi	ment is available to all ew process should not				
						Date: _	
Name:					Social	Security Numbe	r:
Address:	Last	First		Middle			
	Street		City		State		Zip Code
Telephone: (_	<u>)</u>	Cell l	Phone: ()		Date availa	ble to work	/
In case of an	emergency not	ify:					
	*1*4	Name		Address			Phone Number
❖ Availab	•	you for a job that	matches your availab	sility nlease	tell us the earli	iest time and the	<u>a</u>
		work each day.	matenes your availar	mity, picasc	ten us the carn	iest time and the	
	I a 1	- 126 1		7 1 1	T my	Levi	I a . ı
	Sunday	Monday	Tuesday W	/ednesday	Thursday	Friday	Saturday
Earliest Time							
Latest Time							
	<u> </u>		1			L	_
Check if yo	ou are able	to work: 🗆 Day	$s \square $ Evenings $\square $ O	vernights	\square Saturdays	\square Sundays	
Position appli	ed for:		Type of employ:	ment desired	?□ Full-Tin	ne □ Part-Time □	☐ Temporary
		license?□ Yes □				on?□ Yes □ N	
•			to meet the attendance	-	-		
		ecessary? Yes		requiremen	is of the position	103	10
•		ication here before? nd position(s)	□Yes □ No 				
•		ed here before? From:/] Yes □ No / To:	//_			
Have you eve	r pled "guilty"	or "no contest" to,	or been convicted of a	crime?	Yes □ No		
A ma vion 10 and	lv oli oible for	ampleyment in the	ounter ? Vac N				
			ountry?□ Yes □ N	0			
	ional Backgr ng with your		attended, provide the	e following in	nformation.		
Sch	ool (include ci	ty and state)	Years Complete	4		Completed	
Scii	oor (merade er	ty and state)	Tears completes	☐ Diplor	na □ GED	Completed	
				□ Degre	ee		
				□ Certif	ication		
				□ Other			
					na □ GED		
				□ Diplor	na □ GED		

	mployer, provide the fo	8			
Employer:	Telephone: ()				
Address:	City	State	Zip Code		
		Starting pay and final pay: \$			
		May we contact for reference?□ Yes □			
Dates Employed: From//	To/	_/ Why did you leave?			
Summarized the type of work performed a	nd job responsibilities:				
Employer:		Telephone: ()			
Address:Street					
		State Starting pay and final pay: \$	Zip Code \$		
· ·		May we contact for reference?□ Yes □			
_					
Employer:		Telephone: ()			
Address:					
Street Starting job title and final job title.	City	State Starting pay and final pay: \$	Zip Code		
		May we contact for reference?□ Yes □			
		Why did you leave?			
Summarized the type of work performed a	nd job responsibilities				
Employer:		Telephone: ()			
Address:		rerephone. <u></u>			
Street	City	State	Zip Code		
		Starting pay and final pay: \$			
T 1' , '		May we contact for reference?□ Yes □			
Immediate supervisor:					
Dates Employed: From//_		_/ Why did you leave?			
Dates Employed: From///	nd job responsibilities: _	· ·			
Dates Employed: From///	nd job responsibilities: _				
Dates Employed: From///	nd job responsibilities: _	· ·			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth	and job responsibilities: _ er than those due to pers	sonal illness, injury, or disability.			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth	nd job responsibilities: _ er than those due to pers n fired or asked to resign	sonal illness, injury, or disability			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth	nd job responsibilities: _ er than those due to pers n fired or asked to resign	sonal illness, injury, or disability.			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth If not addressed above, have you ever been If yes, please explain:	nd job responsibilities: _ er than those due to pers n fired or asked to resign	sonal illness, injury, or disability			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth If not addressed above, have you ever been If yes, please explain:	and job responsibilities: _ ner than those due to pers n fired or asked to resign	sonal illness, injury, or disability			
Dates Employed: From//Summarized the type of work performed a Explain any gaps in your employment, oth If not addressed above, have you ever been If yes, please explain:	and job responsibilities: _ ner than those due to pers n fired or asked to resign	sonal illness, injury, or disability n from a job?□ Yes □ No			

Name	Title	Relationship to You	Telephone	Number of Years Known
Is there any other information you wa	nt us to know about you? _			
Are you able to perform the essential accommodations?□ Yes □ No	functions of the position fo	r which you are applying w	rith or without reasor	aable
4. A 1 C.				
Applicant Statement				
I certify that all information I have pro	ovided in order to apply for	and secure work with this	employer is true, cor	nplete, and correct.
I expressly authorize, without reservate from all references (personal and profestherwise verify the accuracy of all in all rights and claims I may have regard truthful and non-defamatory information organizations for furnishing such info	essional), employers, publi formation provided by me ding the employer, its agen on, in a lawful manner, in	c agencies, licensing author in this application, résumé, ts, employees, or representa	rities, and educationa or job interview. I hatives, for seeking, g	al institutions and to hereby waive any an athering, and using
I understand that this employer does no purpose of limiting or eliminating any or federal law.				
I understand that this application remaemployer and still wish to be consider				
If I am hired, I understand that I am fremployer reserves the same right to te except as may be required by law. The period or definite duration. I understathe contrary and that no implied oral owriting and signed by the employer's	rminate my employment at is application does not con nd that no supervisor or re or written agreements contr	t any time, with or without of stitute an agreement or con presentative of the employe	cause and with or wi tract for employmen or is authorized to ma	thout prior notice, t for any specified ke any assurances to
I also understand that if I am hired, I vand that federal immigration laws requ			authorization to work	in the United States
I understand that any information prosufficient cause to (1) eliminate me fremployer's service, whenever it is disc	om further consideration for			
DO NOT SIGN UNTIL YOU HAV	E READ THE ABOVE A	PPLICANT STATEMEN	T!	
Certify that I have read fully underst	and and assent all tames a	f the foregoing Amiliant S	4-4	

Signature of Applicant: ______ Date: _____

Print Name: