Application for Employment

This form is for evaluating employment qualifications. It is not an employment offer. Employment at Independence Center of Ste. Genevieve County, LLC is "at will" and not a contract for continued employment.

We are an equal opportunity employer and do not discriminate based on race, color, religion, age, sex, national origin, military status, lawful political affiliation, or disability.

I certify that all statements in this application are true. Any falsehoods or omissions may result in loss of employment opportunities. I authorize the Independence Center of Ste. Genevieve County, LLC to inquire into my past employment for information on my character and performance.

Employment consideration requires a criminal background check, drug screening, and Family Care Safety Registry clearance.

I agree to indemnify and hold harmless the request's recipient and their organization from any claims arising from this request. I understand that if my application is rejected, the information sources will remain confidential.

_____ _____

Signature Date

If you have the following items on your person, please present them to us while you fill this application out so that we may copy them to quicken your application process: Driver's License, Automobile Insurance Card, Social Security Card

Personal Data

Full Name: _____ Address: _____

Social Security Number: _____ Cell Phone: _____ Email: _____

List any other names you have used: _____

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

What type of employment are you applying for? **Full time** **Part time** **Days** **Evenings** **Nights** **Weekends**

Have you ever applied for a position with this company before? No Yes, when? _____

Have you ever been listed or are you now listed on the Family Caregiver Disqualification List? No Yes, explain

List any additional addresses where you have lived for the past three (3) years:

From	To	Street Address	State	Zip Code

Education

High School: _____ City/State: _____ Graduation Year: _____

College: _____ Major: _____ Graduation Year: _____

Employment History

Start with your most recent job and list all the places you have worked in the past 5 years:

1 – Employer:	Address:	
Phone:	Dates Employed (From/To):	Job Title:
Work Performed:		
Reason for Leaving:		
2 – Employer:	Address:	
Phone:	Dates Employed (From/To):	Job Title:
Work Performed:		
Reason for Leaving:		
3– Employer:	Address:	
Phone:	Dates Employed (From/To):	Job Title:
Work Performed:		
Reason for Leaving:		

References

Please list three character references *(not family members or previous employers)* who have known you well the past three years:

Full name: _____ Relationship: _____ Phone: _____

Full name: _____ Relationship: _____ Phone: _____

Full name: _____ Relationship: _____ Phone: _____

Driving History

List all drivers or chauffeurs licenses you now or have previously held, either in MO or any other state:

State	Type of License	License Number	Expiration Date

Has your driver's license been suspended or revoked? No Yes, please explain _____

List all driving citations, accidents, tickets, or summonses you have received as an adult or juvenile, beginning with the most recent. If you cannot remember exact dates or locations, give approximations:

Month/Year	Charge	City/State	Issuing Agency	Disposition

List all vehicles which you own or lease:

Year	Make	Model	License Number	State

List below all information relative to your current automobile insurance:

Ins. Company	Agent Name	Phone Number	Policy Number	Exp. Date

Emergency Contact Information

Employee Information	
Full Name:	
Position:	
DOB:	
Home Address:	
Contact Number:	
Email Address:	

Primary Emergency Contact	
Full Name:	
Relationship:	
Home Address:	
Contact Number:	
Email Address:	

Secondary Emergency Contact	
Full Name:	
Relationship:	
Home Address:	
Contact Number:	
Email Address:	

Employee Consent	
I (*print name*),_____, hereby consent to have the information provided above to be used in case of an emergency.	
Signature:	**Date:**