

Community Opportunities Application for Employment

(*Equal Opportunity Employer)

_____ **My initials indicate that I am aware that Community Opportunities is a Drug-Free Workplace.**
INITIAL

LEGAL NAME _____ DATE _____
LAST FIRST MIDDLE

E-MAIL ADDRESS: _____ †List **ALL last** names used since turning 18:

PRESENT ADDRESS _____
STREET CITY/STATE ZIP

PERMANENT ADDRESS _____
STREET CITY/STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER 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.

SPECIAL QUESTIONS

The following questions are REQUIRED for us to conduct preliminary background screenings:

Are you listed on the employee disqualification list of the Department of Social Services or the Department of Health and Senior Services, or the DMH disqualification registry? YES NO

Have you ever been convicted of Medicaid Fraud? YES NO

Have you ever been convicted; pled guilty; received a suspended imposition of sentence; suspended execution of sentence or served any period of probation or parole for a misdemeanor or felony charge? YES NO

Do you have a valid Missouri Driver's License? YES NO

EMPLOYMENT DESIRED

POSITION _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Per Diem	WAGE DESIRED _____
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN? _____	
DO ANY OF YOUR FRIENDS/RELATIVES WORK HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO	Whom? _____	

EDUCATION

SCHOOL	Name and Address Of School	Course of Study	# of Years Completed	*Did you graduate?
*High School <small>*Must be able to provide proof of diploma or GED</small>				
College				
Trade, Business, or Correspondence School				

Current Certifications/Licenses: _____

U.S. Military or Naval Service _____ Rank _____ Present Membership In National Guard or Reserves? _____

LAST NAME _____
 FIRST NAME _____
 MIDDLE _____

WORK EXPERIENCE List below employers, **starting with the most recent.**

Date Month and Year	Name and Address of Employer	Position	Wage	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

BUSINESS REFERENCES Please list names of last 3 supervisors, **starting with the most recent.**

Name	Phone Number	Business	Years Acquainted

After reviewing the job description for the position which you are applying, can you perform the Minimal Essential Functions with or without accommodation? YES NO

If accommodation is needed, please specify _____

In case of emergency notify _____
NAME ADDRESS PHONE NO.

HOW DID YOU LEARN ABOUT US? Advertisement *Employee Facebook Web site Relative

*Name of Employee who referred you? _____

Other Please specify _____

I CERTIFY THAT 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 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 MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

1ST INTERVIEW BY _____ DATE _____

2ND INTERVIEW BY _____ DATE _____

HIRED YES NO POSITION _____ DEPT. _____ LOCATION _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED 1. _____ 2. _____
DEPT. DIRECTOR EXEC. DIRECTOR

