

# APPLICATION FOR EMPLOYMENT

Choices for People  
1815 Forum Dr  
Rolla, Mo 65401

Choices for People is a EOE employer

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## PERSONAL INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    M.I.

ADDRESS: \_\_\_\_\_  
  STREET                    CITY                    STATE                    ZIP

MAIN PHONE: ( ) \_\_\_\_\_ OTHER TELEPHONE: ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_

(PLEASE CIRCLE) FULL TIME/ PART TIME/ EITHER

IF EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN.

\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

HIGHSCHOOL: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

COLLEGE/TRADE

BUSINESS SCHOOL: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

LIST ANY SPECIFIC TRAININGS/CERTIFICATIONS/ LISCENSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHYSICAL RECORD:**

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS AS DESCRIBED IN THE JOB DESCRIPTION, FOR WHICH YOU ARE BEING CONSIDERED? **Y OR N**

IF NO, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?

\_\_\_\_\_

**WORK HISTORY** (LIST LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT)

**EMPLOYER & PH #**    **DATES WORKED**    **LEAVING WAGE**    **REASON FOR LEAVING**

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**REFERENCES: GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

<u>NAME</u>	<u>PHONE #</u>	<u>YEARS ACQUAINTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
NAME PHONE

**PLEASE READ BEFORE SIGNING.** If you have any questions regarding this statement, please ask for an employment interview before signing. This facility does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran. This agency is an affirmative action employer. Proof of citizenship or immigration status will be required upon employment in accordance with the Employment Eligibility Verification (Form 1-9). I understand that Choices for People Center may request a review of police and/or FBI records for all criminal convictions concerning me. I understand that a check of my driving record may be reviewed through the Department of Motor Vehicles. I understand a Pre-employment Substance Abuse check may be required. I also understand that any omission and/or falsifications of information on information on this application could result in termination. It is understood this application is not an obligation to provide employment. The application will be kept active for three months and it must be renewed to be active for a longer period. I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. This means that I am free, as is Choices for People Center, to terminate the employment relationship at any time for any reason, so long as there is no violation of applicable Federal or State Law, and such termination is within the guidelines of the Choices for People Center Policy and Procedure Manual.

**SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**

## Choices for People Center

### **MANDATORY SUBSTANCE ABUSE, ABUSE AND NEGLECT, TESTING, AND CRIMINAL BACKGROUND TESTING SIGN OFF SHEET**

(See Policy and Procedure IV-40 for complete information about the mandatory drug and alcohol testing and the Substance Abuse Management Program.)

I understand that as required by the Public Laws 653.23 and 654.71 and this agency's policy, all persons being considered for safety sensitive positions must submit to a controlled substances test, abuse and neglect check, and a criminal background check.

A urine sample will be collected and tested for controlled substances. This test must be taken within two working days of date of hire. Not following this request may result in termination of your employment. A breath test may be conducted for alcohol content.

An abuse and neglect and a criminal background check will be completed by the employee and sent to the Missouri Highway Patrol to be checked. The authorization for the abuse and neglect and criminal background check must be turned in within two working days of date of hire. Not following this request may result in termination of your employment.

I also understand that if I test positive for the use of controlled substances and /or positive on the alcohol breath test, any previous convictions my application, or if uninsurable by the current CP Center's automobile insurance carrier, my employment will be denied.

The Safety Coordinator and the Agency Director of this agency will maintain the result of the drug test. They will report whether the test results are negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

The urinalysis testing, if positive, will be at the expense of the applicant. If negative, the test will be at the expense of the agency.

I hereby agree to submit to a drug screen urinalysis and alcohol breath test, abuse and neglect, and criminal background check.

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SIGNATURE

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DATE

**ATTACHMENT TO APPLICATION  
SIGN OFF SHEET FOR TRAINING**

(See Policy and Procedure IV-46 for complete information about training.)

UPON BEING HIRED, EACH STAFF MEMBER IS OBLIGATED TO COMPLETE TRAINING AND ORIENTATION IN ACCORDANCE WITH THE CHOICES FOR PEOPLE POLICIES AND PROCEDURES.

**TO BE COMPLETED ON THE 1<sup>ST</sup> DAY OF ORIENTATION**

Upon being hired, each staff member will be obligated to complete orientation training. The orientation will consist of going over Policies and Procedures, training films, and tests. The Office Manager will also train the new employees on basic transportation training including how to fill out vehicle logs. The Office Manager will also give a building tour. The Office Manager will also set up the personnel file. The Office Manager will also schedule any generalized training that the employee may need. These might include CPR/ 1<sup>st</sup> Aid, MANDT, and Med Aid Training. The new employee will be required to acquire a TB test and Class E driver's license if not already in possession of one.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WORK AVAILABILITY**

I AM ABLE TO WORK THE FOLLOWING SHIFTS: (MARK THE ONES THAT APPLY)

\_\_\_\_\_ ANY SHIFT ANY DAY

OR...

**MARK THE DAYS YOU ARE AVAILABLE**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Days							
Evenings							
Nights							

**LIST ANY SHIFT YOU CAN NOT WORK AND THE REASON**

\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ATTENTION ALL APPLICANTS: PLEASE ONLY FILL OUT HIGHLIGHTED AREAS!!! THANK YOU!!**

CHOICES FOR PEOPLE CENTER  
REFERENCE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

The applicant named below has provided information that they previously worked for your company. We would appreciate you furnishing us with as much of the information requested below as possible. We assure you that any information you may give will be treated confidentially. An early reply will be greatly appreciated.

Thank you,

.....  
**APPLICANT'S NAME:** \_\_\_\_\_

**APPLICANT'S DOB:** \_\_\_\_\_

PREVIOUS PLACE OF EMPLOYMENT: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ FULL OR PART TIME

POSITION TITLE: \_\_\_\_\_

WOULD THE EMPLOYEE BE RE-HIREABLE? \_\_\_\_\_

HOW MUCH NOTICE DID THE EMPLOYEE GIVE PRIOR TO TERMINATING POSITION? \_\_\_\_\_

\_\_\_\_\_  
Signature Title Date  
\*\*\*\*\*

**To Whom It May Concern:**

I hereby authorize Choices For People to perform an investigation as may be necessary into my personal background/employment history. I further authorize the companies, agencies, schools or persons named in my application/resume to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, agencies, schools or persons from all liability for any damage for issuing this information.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_