PERSONAL INFORMATION

Name_____ Social Security Number_____
Last First Middle

Present Address_____Phone Number_____
Street, PO, or Box Number City State Zip Code

Permanent Address_____Phone Number_____
Street, PO, or Box Number City State Zip Code

If you cannot be reached at the above phone number, where may we contact you?
Contact phone number_____Name of contact person _____

EMPLOYMENT DESIRED

Type of work desired	Work hours	Salary

How did you learn of this opening?
_____

Will you accept employment of: ☐Fulltime ☐Part time ☐ Any Date available_____

EDUCATION/TRAINING

School	Name & Address of School	Courses Taken	Did you Graduate?	Diploma, Degree, or Certification Received
High School			☐Yes ☐No	
College			☐ Yes ☐No If Yes, Date ___/___/___	
Lab or X-Ray Training			☐Yes ☐No ___/___/___	
Other Courses/Training				

Extracurricular
Activities While in School_____
_____

Areas of Specialization
or Major Interest_____

Professional Organization Membership, Honors Received, Volunteer or Community Service or Other Qualifications you have which you feel are related to the position for which you are applying: _____
_____
_____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS				Verification Office Use Only
Type	Organization or sate issued	Date Issued	Number	
Type	Organization or state issued	Date Issued	Number	
Type	Organization or state issued	Date Issued	Number	

MILITARY RECORD				
Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupation Specialty

Specialized Training: _____

List Service Awards, Commendations: _____

_____

CRIME DISCLOSURE
Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, for what, when, and where?
Have you ever plead guilty to a crime? ☐ Yes ☐ No If yes, for what, when, and where?
Have you ever had a criminal background check? ☐ Yes ☐ No If yes, for what, when, and where?
Has the Division of Aging ever placed you on the Employee Disqualification List (EDL)? ☐ Yes ☐ No If yes, for what, when, and where?
Conviction of a criminal offense or a plea of guilt will not necessarily preclude your employment By signing this application for employment you agree to sign a consent form required by Section 43.540 RSMo so that the agency may request a criminal records review. You should be aware that your failure to knowingly disclose any criminal history is a Class A Misdemeanor.

AVAILABILITY INFORMATION

Please indicate days and hours you are available for work (be specific)

Day	From	To
Sunday	AM	PM
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Sunday	AM	PM

Primary position desired_____

Will you accept another position? _____

If so, what? _____

Are you available to work?

Weekends ☐ Yes ☐ No Holidays ☐ Yes ☐ No

Rotating shifts ☐ Yes ☐ No On Call ☐ Yes ☐ No

Do you limit your annual earnings due to Social Security or other reasons? ☐ Yes ☐ No

If yes, please state what is the maximum amount you wish to earn_____

EMPLOYMENT HISTORY			
List current (or most recent) employer first and all others in reverse chronological order			
Company Name	Dates Employed Month/Year Month/Year From / To /		
Address (Street, City, State, Zip Code	Phone	Starting Salary $	Ending Salary $
Position/Title	Immediate Supervisor's Name and Title Phone Number		
Job Description &Responsibilities:			
May we contact for reference? ☐ Yes ☐ No			
Company Name	Dates Employed Month/Year Month/Year From / To /		
Address (Street, City, State, Zip Code	Phone	Starting Salary $	Ending Salary $
Position/Title	Immediate Supervisor's Name and Title Phone Number		
Job Description &Responsibilities:			
May we contact for reference? ☐ Yes ☐ No			
Company Name	Dates Employed Month/Year Month/Year From / To /		
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Position/Title	Immediate Supervisor's Name and Title Phone Number		
Job Description &Responsibilities:			
May we contact for reference? ☐ Yes ☐ No			

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Position/Title	Immediate Supervisor's Name and Title Phone Number		
Job Description &Responsibilities:			
May we contact for reference? ☐ Yes ☐ No			

REFERENCES List three references who are not friends, relatives or former employers			
Name and Relationship	**Title**	**Company Name & Address**	**Telephone**

OTHER INFORMATION

Is there any additional information you would like for use to know about you?

_____

_____

Pike County Health Dept., Home Care, & Hospice does not discriminate in hiring or any other decision on the basis of race, color, religion, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I understand that emergency conditions may require me to temporarily work shifts or hours other than the ones for which I am applying and agree to such scheduling change as directed by my supervisor or administrator of Pike County Health Dept., Home Care, & Hospice

I voluntarily give Pike County Health Dept., Home Care, & Hospice the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and drug testing, and such future physical examinations and drug testing as may be required by this agency at such times and places as the agency shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties that I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. In addition, I must consent to drug testing, Criminal background check, EDL check, and must accept all personnel policies of Pike County Health Dept., Home Care, & Hospice as a condition of employment.

_____ _____

Applicant's Signature Date

Revised 9-16-2002