

**DOUGLASS COMMUNITY SERVICES, INC.**

**711 Grand Ave.**

**Hannibal, MO 63401**

**573-221-3892 (fax 573-221-6196)**

**Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the agency.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security # \_\_\_\_\_

Type of employment desired: \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary

Date you will be available to start work: \_\_\_\_\_

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a parent or guardian of a Head Start or Early Head Start student?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization & identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

\_\_\_\_\_

How were you referred to us? \_\_\_\_\_

**Educational History**

List school name and location, years completed, course of study, and any degrees earned:

High school: \_\_\_\_\_ Graduated: Yes: \_\_\_\_\_ No: \_\_\_\_\_

College(s): \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**Employment History**

Please provide all employment information for your past four employers starting with the most recent.

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**May we contact supervisor:**     yes \_\_\_\_\_     no \_\_\_\_\_

**Dates employed:** from \_\_\_\_\_ to \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**May we contact supervisor:**     yes \_\_\_\_\_     no \_\_\_\_\_

**Dates employed:** from \_\_\_\_\_ to \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**May we contact supervisor:**     yes \_\_\_\_\_     no \_\_\_\_\_

**Dates employed:** from \_\_\_\_\_ to \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**May we contact supervisor:**      yes \_\_\_\_\_      no \_\_\_\_\_

**Dates employed:** from \_\_\_\_\_ to \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**References**

List 3 references' names, telephone numbers, and years known (do not include relatives):

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I hereby authorize Douglass Community Services, Inc. to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or Douglass Community Services, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of Douglass Community Services, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_