

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:

References

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

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:** _____