

**EMPLOYMENT APPLICATION**

Employer: \_\_\_\_\_

Worksite location: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Application date: \_\_\_\_\_

It is important that all questions be answered completely and accurately. If there is insufficient space to complete the answer, please continue on a separate piece of paper. We are an Equal Opportunity Employer, and we comply with applicable federal, state and local laws which prohibit discrimination against qualified applicants and employees.

**Please print or write neatly.**

**PERSONAL INFORMATION**

Full name \_\_\_\_\_

(Please use complete names rather than initials.)

Are you at least age 18? \_\_\_ yes \_\_\_ no

Present residence address \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Permanent address (if any) \_\_\_\_\_

Street Address

\_\_\_\_\_  
City State Zip

Present work phone (\_\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

SS # \_\_\_\_\_ Have you been employed by us before? \_\_\_ yes \_\_\_ no.

If yes: Dates \_\_\_\_\_ Location \_\_\_\_\_

Supervisor's name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Date you are available to begin work \_\_\_\_\_

Is your availability for work limited to any specific times? \_\_\_ yes \_\_\_ no.

If yes, please indicate which hours and days of the week you are unavailable \_\_\_\_\_

Are you willing to work flexible hours, which could include weekends and/or overtime? \_\_\_ yes \_\_\_ no

Do you plan to engage in other work while in our employ? \_\_\_ yes \_\_\_ no.

If yes, please describe the work, as well as the hours and days of the week involved

Have you been in the United States military service? \_\_\_ yes \_\_\_ no.

If yes, please state dates of service \_\_\_\_\_

Nature of duty or training \_\_\_\_\_

Highest rank held \_\_\_\_\_ Rank at time of discharge \_\_\_\_\_

Are you willing to be tested for the current illegal use of drugs? \_\_\_ yes \_\_\_ no

How were you referred to us? \_\_\_ Advertisement \_\_\_ Friend \_\_\_ Relative \_\_\_ Walk-in

\_\_\_ Agency \_\_\_ Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Notify in case of emergency: Name \_\_\_\_\_

Address \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_

**EDUCATION**

Name and location of school Circle number of year attended / completed.

Grade school \_\_\_\_\_ 1 2 3 4 5 6 7 8

High school \_\_\_\_\_ 9 10 11 12

College \_\_\_\_\_ 1 2 3 4

Trade, business \_\_\_\_\_ 1 2 3 4  
or vocational school

GED \_\_\_\_\_

**LICENSES AND CERTIFICATES**

Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.) or certifications that relate to the job for which you are applying? \_\_\_ yes \_\_\_ no. If yes, please describe below.

Type of license or certification	From what city, state agency, or organization	Date issued (if applicable)	License number
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER QUALIFICATIONS**

Please state any other information about your personal qualities, work skills, or other abilities which would assist us in considering you (including strengths, weaknesses, goals, etc.)

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**REFERENCES** (Do not include relatives or previous employers)

Name	City and State	Phone	Years known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY**

We routinely contact an applicant's current and previous employers for reference checks. Are you currently employed? \_\_\_ yes \_\_\_ no.

May we contact your current employer at this time? \_\_\_ yes \_\_\_ no.

If no, please explain \_\_\_\_\_

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(Permission to contact your current employer for a reference check will be required before hiring.) Please attach a copy of any employment recommendation letters which relate to the job for which you are applying. Please provide below your complete work history for the preceding three employers or past five years, whichever is greater.

*Current or last employer*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Salary (beginning) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

*Next previous employer*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Salary (beginning) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

*Next previous employer*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Salary (beginning) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

*Next previous employer*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Salary (beginning) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

*Next previous employer*

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Position and duties \_\_\_\_\_

Salary (beginning) \$ \_\_\_\_\_ (ending) \$ \_\_\_\_\_ Supervisor's name \_\_\_\_\_

Reason for leaving \_\_\_\_\_

*Other employment history information*

Which of these jobs did you like the best? \_\_\_\_\_

\_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD**

Do you have a valid, unexpired Missouri driver's license? \_\_\_ yes \_\_\_ no.

If yes, please state your current driver's license number \_\_\_\_\_

Expiration date \_\_\_\_\_

**ILLEGAL USE OF DRUGS AND MEDICAL EXAM**

The job you are applying for requires reliable attendance and dependable performance during the contemplated work hours. You may be asked to take a test for the current illegal use of drugs before or after any offer of employment is made. The job you are applying for requires a level of manual dexterity; if a conditional offer of employment is made, you may be asked to take a medical examination.



**AUTHORIZATION**

**BY EMPLOYMENT APPLICANT**

Employer's name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's full name \_\_\_\_\_

(Please use complete names rather than initials. Show any nicknames in parentheses.)

I authorize Employer and/or its agents to:

1. Obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resumé, or biographical sheet;
2. Obtain information regarding my work habits, skills and conduct from my past and present employers or references;
3. Obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;
4. Obtain information from educational institutions concerning my educational record, conduct, and skills; and
5. Obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I further authorize all institutions, agencies, companies, or persons referred to above, to give Employer and/or its agents all information requested. Under the federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. I release Employer, its agents and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information. A copy of this authorization and release shall be as valid as the original.

I understand that I may be asked to sign a separate authorization form prior to any testing for the current illegal use of drugs.



I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any medical examination.

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Applicant's Signature

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Social Security Number

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Applicant's Printed Name

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Driver's License Number (or  
alternative identification)

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Street Address

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State Issuing Driver's License (or  
alternative identification)

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City/State/Zip Code

**CERTIFICATION  
BY EMPLOYMENT APPLICANT**

*For purposes of this certification, the term "application" includes this employment application and any supplemental questionnaires, exhibits, resumé, biographical sheet, or other documents submitted.*

I certify that all information given on this application is true, correct, and complete. I have accounted for all of my work experience, training, and other information requested on this application. I have not withheld any fact or circumstance which is covered by this application.

I understand that any false, misleading, or incomplete information on this application will result in rejection of my application or termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skills tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

I understand that I may be required to produce my driver's license or other identification card to verify my identity.

If I am considered for employment, I authorize any inquiry to be made about any information contained in this application. I agree to furnish additional information as may be requested, and I authorize Employer and agencies or companies of Employer's choice to investigate all information on this application. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information.

I understand that before or after receiving any offer of employment, I may be asked to submit to testing for the current illegal use of drugs by a firm that is chosen and paid for by Employer. I understand that the reason for such testing is that Employer endeavors to operate its business in a safe manner to all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to Employer or its agents. If I refuse to be tested or if I produce a positive test result for the current illegal use of drugs, I understand that I will not be further considered for employment.

If I receive a conditional offer of employment, I understand that I may be asked to have a medical examination performed by a medical practitioner who is chosen and paid for by Employer. The results of such examination will be communicated to Employer or its agents. If I refuse to submit to such medical examination, I understand that I will not be further considered for employment.

***If I am employed, I understand that I will be asked to sign a federal I-9 form and to provide positive proof of my identity and verification of my right to live and work in the U.S.A.***

If I am employed, I agree to abide by Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies. I understand that the job being applied for requires attendance and dependable performance during the contemplated working

hours. I understand that if I am employed, I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits, and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Employer or myself, without notice and without cause.

I understand that employment with your company is “at will” and nothing in the interview or hiring process, this application, or your company policies are intended to create an employment contract between myself and the company. Employment may be terminated by either party at any time for any reason with or without notice

***I understand that this is an application only and that it does not constitute an offer of employment or an employment contract.***

Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_

Applicant's printed name \_\_\_\_\_



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If you need a reasonable accommodation to complete the application you may contact PBHA by calling 573-785-8265 (voice) 573-785-5856 TDD