

Application for Employment

St. Francois County Board for the
Developmentally Disabled



St. Francois County Board for the Developmentally Disabled is an Equal Opportunity Employer and does not discriminate in hiring based on race, color, national origin, ancestry, religion, sex, disability, veteran status, or age.

Personal Information

Date: _____

Name: _____
(Last) (Middle) (First)

Present Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ E-Mail: _____

Are you 18 years of age or older? Yes No Referred By: _____

Employment Desired

Position: _____

Date You Can Start: _____ Salary Desired: _____

Currently Employed: Yes No If so, may we contact Your Present Employer? Yes No

Ever applied to this company before? Yes No Where? _____ When? _____

Education

Education	Name & Location	Last Year Completed	Graduate?	Subjects Studied / Degree Received
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> GED <input type="checkbox"/> Diploma
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Graduate, Business, or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Job Related Skills (computer, driver's license certifications, etc.):

Employment History

List below your last three employers, starting with the last one first.

- Employer: _____ Phone Number: _____
 Address: _____
 Supervisor: _____ Position: _____
 Date (From-To): _____ Salary (upon leaving): _____
 Reason for Leaving: _____
- Employer: _____ Phone Number: _____
 Address: _____
 Supervisor: _____ Position: _____
 Date (From-To): _____ Salary (upon leaving): _____
 Reason for Leaving: _____
- Employer: _____ Phone Number: _____
 Address: _____
 Supervisor: _____ Position: _____
 Date (From-To): _____ Salary (upon leaving): _____
 Reason for Leaving: _____

References (List below three persons not related to you, whom you have known at least one year.)

1. Name: _____ Phone Number: _____
Address: _____
Position: _____ Years Acquainted: _____
 2. Name: _____ Phone Number: _____
Address: _____
Position: _____ Years Acquainted: _____
 3. Name: _____ Phone Number: _____
Address: _____
Position: _____ Years Acquainted: _____
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If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any Interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.

If I am offered employment, I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature: _____

Date: _____