

Employment Application

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Please List Any Other Social Security Number Other Than Above _____

Please List Any Aliases _____

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been registered on the Missouri Family Care Safety Registry? YES ☐ NO ☐

Have you ever been placed on the Employer Disqualification List? YES ☐ NO ☐

Are you the spouse of the potential CDS Participant? YES ☐ NO ☐

Have you ever been convicted of criminal offense other than a minor traffic violation? YES ☐ NO ☐

If yes, please provide Date of arrest, city and state where arrested, name and location of court where was hear, details of the violation of which you were convicted, dates of imprisonment, dates of period of probation, conditions of probation, name and address of probation officer, amount of fine paid.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

CERTIFICATION, AUTHORIZATION AND RELEASE: *I certify that all information on this Application is accurate, complete and true to the best of my knowledge. I understand that any information that is found to be false, inaccurate, incomplete or misrepresented in any respect will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service when it is discovered.*

I expressly authorize, without reservation, Here For You LLC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding Here For You LLC, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Here For You LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from Curry Community Health and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I consent to pre-employment criminal record check (**Please Initial**) _____

I consent to a closed records check pursuant to Section 610.120, RSMo (**Please Initial**) _____

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Here For You LLC reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Here For You LLC is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Board of Directors.

Signature: _____ Date: _____