



Employment Application

Name: _____ Other names you have used: _____

Position Applied For: _____

Address: _____
Street Address City State Zip Code

Email Address: _____

Date Available to Start: _____

Telephone Number: _____ Cell Alternate Number: _____ Cell

Employment History - List the last 10 years of employment, most recent first.

1) Company Name: _____ Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Duties: _____

Salary/Hourly Pay: _____ Non-Exempt (hourly) or Exempt (salaried): _____

Reason for leaving: _____ May we contact the employer? Yes No

2) Company Name: _____ Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Duties: _____

Salary/Hourly Pay: _____ Non-Exempt (hourly) or Exempt (salaried): _____

Reason for leaving: _____ May we contact the employer? Yes No

3) Company Name: _____ Supervisor: _____

Mo/Yr Employed: From _____ To _____ Position Held: _____

Complete Address: _____
Street Address City State Zip Code

Duties: _____

Salary/Hourly Pay: _____ Non-Exempt (hourly) or Exempt (salaried): _____

Reason for leaving: _____ May we contact the employer? Yes No



The
Whole Person[™]

Education:

High School Name: _____

Attended: From _____ To _____ Did you graduate? Yes No GED

School Address: _____
Street Address City State Zip Code

Higher Education Name: _____ Major: _____

Attended: From _____ To _____ Did you graduate? Yes No

School Address: _____
Street Address City State Zip Code

Skills and Qualifications:

Summarize any training, skills, licenses, certifications, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

Background:

Are you registered with the Family Care Safety Registry? Yes No

Have you ever applied for a Good Cause Waiver? Yes No If yes, when? _____

Do you have a valid MO or KS Driver's License? Yes No

Do you have transportation? Yes No

Are you legally authorized to work in the United States? Yes No

Have you ever worked for The Whole Person before? Yes No If yes, when? _____



References: List three professional references, not related to you.

1) Name: _____ Relationship: _____
Phone Number: _____ Email: _____
Company: _____ Title: _____
Full Address: _____
Street Address City State Zip Code

2) Name: _____ Relationship: _____
Phone Number: _____ Email: _____
Company: _____ Title: _____
Full Address: _____
Street Address City State Zip Code

3) Name: _____ Relationship: _____
Phone Number: _____ Email: _____
Company: _____ Title: _____
Full Address: _____
Street Address City State Zip Code

Relatives Employed at the Company:

1) Name: _____ Relationship: _____
Department/Position: _____

2) Name: _____ Relationship: _____
Department/Position: _____



I hereby certify that the information I have entered on this form is correct to the best of my knowledge. I further understand that any false, inaccurate or omitted information given to this employer as a part of the hiring process is grounds for immediate termination no matter when such is discovered.

I give the employer the right to contact my previous employers and all references provided. In so doing, I understand that I am waiving my right of confidentiality. I give the employer the right to make a thorough investigation of my past employment activities concerning my services, character and conduct. I release from all liability any persons, companies and corporations supplying such information.

I acknowledge that this employer is an Equal Opportunity Employer and as such has a policy to consider all applicants for employment based on their qualifications and the company's current job vacancies.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer had the authority to make any assurances to the contrary.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA. I have been informed of the physical requirements for the position for which I am applying and I can perform the physical requirements of this position.

Signature of Applicant: _____ Date: _____