



Council of Churches of the Ozarks

Council of Churches Application for Employment

We are pleased that you are interested in applying for a position with our organization. Council of Churches is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, religious creed, national origin, age, sex, marital status, ancestry, veteran status, pregnancy, medical condition, citizenship status, genetic information, sexual orientation, gender identity, disability not limiting the applicant's ability to perform the essential functions of the job, or other basis prohibited by applicable local, state, or federal law. No question on this form is intended to secure information to be used for such discrimination.

Personal Information: Please print in ink.

Position(s) applying for _____

Date _____

Full Time Part Time Any Shift Temporary

Name _____
Last First Middle Initial

E-mail Address _____

Preferred Name _____ Telephone (____) _____ Daytime Number (____) _____

Address _____
Street or PO Box City State Zip

Have you ever worked under a different name? Yes No If yes, what name? _____

Have you ever been employed by us? Yes No If yes, when? _____

Do you have any relatives working here? Yes No If yes, indicate name and relationship: _____

Are you 18 years of age or older? Yes No Have you ever been bonded? Yes No

Are you legally eligible for employment in the United States? Yes No

Note: Proof of eligibility will be required within three working days of employment.

Are you capable of performing the essential functions required for the position for which you are applying with or without an accommodation? Yes No

Have you ever pled guilty, "no contest" to, or been convicted of a felony? Yes No

If yes, please give the date(s) and details: _____

Note: Answering "Yes" to the questions above does not constitute an automatic bar from employment. Factors such as age, time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Education and Training:

	Name and Location of School	Course of Study	Last Grade Completed	Did you Graduate?	Degree, Diploma, GED, Certificate or other
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade Technical			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Skills, Training or Qualifications: Describe any computer skills, office machines, warehousing, forklift, truck driving, specialized skills, training, or apprenticeships you have been involved in including military training.

Employment Experience: Beginning with your most recent position, enter your employment information here.

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current or Most Recent Employer		Supervisor's Name & Title	
Address		Dates Employed (indicate month/year) From: _____ To: _____	
Telephone Number	Job Title	Average Hours Worked Per Week	
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____	
Describe Major Work Duties			

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Supervisor's Name & Title	
Address		Dates Employed (indicate month/year) From: _____ To: _____	
Telephone Number	Job Title	Average Hours Worked Per Week	
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____	
Describe Major Work Duties			

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Supervisor's Name & Title	
Address		Dates Employed (indicate month/year) From: _____ To: _____	
Telephone Number	Job Title	Average Hours Worked Per Week	
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____	
Describe Major Work Duties			

May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Previous Employer		Supervisor's Name & Title	
Address		Dates Employed (indicate month/year) From: _____ To: _____	
Telephone Number	Job Title	Average Hours Worked Per Week	
Reason for Leaving		Hourly Rate or Annualized Salary \$ _____	
Describe Major Work Duties			

Professional References: Please provide the names and telephone numbers of additional supervisors, coworkers, or other individuals you have known at least one year that may be contacted to provide a reference.

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Availability: Please list your availability for work, including the day(s) of the week and specific time(s) of the day.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____	_____

How many hours per week would you like to work? _____ On what date would you be available for work? _____

Rate of pay expected \$ _____ (per hour or annualized salary)

How did you hear about a position with us? _____

Agency Preference(s)

- Daybreak
- Safe to Sleep
- Ombudsman
- Retired and Senior Volunteer Program
- Connections
- Crosslines
- Ambassadors
- Child Care Aware of Southern Missouri
- Childcare Food Program

Applicant's Statement: Please read statements below carefully before signing this employment application disclosure.

I certify that the answers provided on this application are true, accurate and complete. I understand that any false information, omissions, or misleading information contained in this application or during the interview process, may be grounds for refusal to hire or may result in immediate termination. I acknowledge the confidential nature of the Council of Churches' business and agree to maintain the confidentiality of the business affairs of the Council of Churches and its customers, at all times, before, during, and after my employment.

I acknowledge that an offer and acceptance of employment is of an "**at will**" nature, which means that I may resign at any time and the employer may discharge me at any time with or without cause. I further understand that no supervisor, manager or representative of Council of Churches has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to these terms of employment, except such person or persons to whom such authority has been specifically granted by the Executive Director of the Council of Churches.

I voluntarily consent to submit to a drug test at the request and expense of the Council of Churches and understand that Council of Churches reserves the right to conduct random drug testing. For employment purposes, the Council of Churches may investigate my driving record and/or obtain consumer reports, criminal history, elder abuse, Child Abuse or Neglect/Criminal Record and No Match Report, Caregiver Background, sex offender status, Missouri Department of Health and Senior Services Employee Disqualification List, and other relevant background reports on me from time to time during my employment. In the event a report shows an offense not admitted on this employment application or in the job interview, I understand my employment may be terminated. I understand, if hired, I will be required to provide proof of identity and legal authorization to work in the United States. I also understand that Council of Churches participates in the United States Department of Homeland Security E-Verify program and utilizes the Social Security Number Verification Service for wage reporting purposes. I understand that, if hired, a criminal background check will be conducted and my employment is contingent upon the results of that check as it pertains to my job duties.

I understand that my application for employment shall remain in Council of Churches' active files for a period of one year. Active files will be purged of applications and/or resumes on file for more than one year. If I wish to extend my candidacy, I must reapply by submitting another employment application.

I hereby authorize all previous employers, to release to Council of Churches any and all information regarding my employment. In addition, I authorize Council of Churches to contact and obtain information from all references, employers, credit record agencies, law enforcement agencies, public agencies, licensing authorities and educational institutions to verify the accuracy of all information. I hereby further release Council of Churches, and any and all of its employees, of liability relating to lawfully seeking and using truthful and non-defamatory information in the employment process.

I have carefully read, understand and will comply with all aspects of the employment disclosures stated in this document, and understand that completion of this application is not to be considered an offer of employment.

Signature of Applicant

Date



Council of Churches of the Ozarks

AUTHORIZATION FOR CURRENT OR PRIOR EMPLOYER TO RELEASE INFORMATION

I hereby authorize my current or prior employers to release any and all information relating to my employment with them to Council of Churches. I understand that reference information may include, but may not be limited to, verbal and written inquiries or information about my employment performance, professional demeanor, rehire potential, dates of employment, salary and employment history.

I further release and hold harmless from any and all liability that may potentially result from the release and/or use of such information.

Signature of Applicant

Date

Applicant's Name – Printed