

Marion County Services for the Developmentally Disabled

12 Northport Plaza - Fax 573-248-2978

Hannibal, MO 63401

573-248-1077

www.mcsdd.com info@mcsdd.com

Application for Employment- Please Print

Equal access to programs, services, & employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of Application ____ / ____ / ____

Name _____ Social Security # _____
Last First Middle

Other Known Aliases _____

Address _____
Street City State Zip Code

Home/Cell # (____) _____ Alternate # (____) _____ E-Mail Address _____

How did you hear about us? _____

If you are under the age of 18, and it is required, can you furnish a work permit..... Yes No

If NO please explain _____

Have you ever been employed here before? If YES, give dates & positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work..... ____ / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Driver's license number if driving may be required in position for which you are applying _____ State _____

Employment History-Starting with your most recent employer, provide the following information.

Employer	Phone #	Dates Employed: Month / Year	to	Month / Year
Employer Address	City	State	Compensation Starting	\$ Per
Starting Job Title/Final Job Title			Compensation Final	\$ Per
Immediate Supervisor & Title (For Most Recent Position Held)			May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Why did you leave?				
Summarize the type of work performed & job responsibilities.				
What did you like most about your position?				
What were the things you liked least about the position?				
Employer	Phone #	Dates Employed: Month / Year	to	Month / Year
Employer Address	City	State	Compensation Starting	\$ Per
Starting Job Title/Final Job Title			Compensation Final	\$ Per
Immediate Supervisor & Title (For Most Recent Position Held)			May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
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Employer Address	City	State	Compensation Starting	\$	Per
Starting Job Title/Final Job Title			Compensation Final	\$	Per
Immediate Supervisor & Title (For Most Recent Position Held)			May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
Why did you leave?					
Summarize the type of work performed & job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

Skills and Qualifications-Summarize any special training, skills, licenses and /or certificates that may assist you in performing the position for which you are applying.

Computer Skills: (Check all appropriate boxes. Include software titles & years of Experience.)

<input type="checkbox"/> Word Processing _____	Year: _____	<input type="checkbox"/> E-Mail _____	Years: _____
<input type="checkbox"/> Spreadsheet _____	Year: _____	<input type="checkbox"/> Internet _____	Years: _____
<input type="checkbox"/> Presentation _____	Year: _____	<input type="checkbox"/> Other _____	Years: _____

Educational Background- Starting with your most recent school attended, provide the following information

Name of School (Please Include Address)	Years Attended	Diploma/GED/Degree/Certification

References-List Name & Telephone # of three business/work references who are NOT related to you & are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

Name	Title	Relationship to You	Phone #	# of years known

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and accurate.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities (state and local background, and license screenings) and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all right and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all others persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 supervisors or representative of the employer 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 employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me, that is found to be false, incomplete, or misrepresented in any respect will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date _____