

APPLICATION FOR EMPLOYMENT

Choices for People
1815 Forum Dr
Rolla, MO 65401

Choices for People is a EOE employer

PERSONAL INFORMATION

DATE: _____

NAME: _____

LAST

FIRST

M.I.

ADDRESS: _____

STREET

CITY

STATE

ZIP

MAIN PHONE: _____ OTHER TELEPHONE: _____

POSITION APPLYING FOR: _____ DATE AVAILABLE _____

___ FULL TIME ___ PART TIME ___ EITHER

IF EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN:

EDUCATION

HIGHSCHOOL: _____ DID YOU GRADUATE? _____

COLLEGE/TRADE

BUSINESS SCHOOL: _____ DID YOU GRADUATE? _____

LIST ANY SPECIFIC TRAININGS/CERTIFICATIONS/LICENSES:

PHYSICAL RECORD:

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS AS DESCRIBED IN THE JOB DESCRIPTION, FOR WHICH YOU ARE BEING CONSIDERED?

___ Y OR ___ N

IF NO, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS?

Choices for People Center
**MANDATORY SUBSTANCE ABUSE, ABUSE AND NEGLECT, TESTING,
AND CRIMINAL BACKGROUND TESTING**
SIGN OFF SHEET

(See Policy and Procedure IV-40 for complete information about the mandatory drug and alcohol testing and the Substance Abuse Management Program.)

I understand that as required by the Public Laws 653.23 and 654.71 and this agency's policy, all persons being considered for safety sensitive positions must submit to a controlled substances test, abuse and neglect check, and a criminal background check.

A urine sample will be collected and tested for controlled substances. This test must be taken within two working days of date of hire. Not following this request may result in termination of your employment. A breath test may be conducted for alcohol content.

An abuse and neglect and a criminal background check will be completed by the employee and sent to the Missouri Highway Patrol to be checked. The authorization for the abuse and neglect and criminal background check must be turned in within two working days of date of hire. Not following this request may result in termination of your employment.

I also understand that if I test positive for the use of controlled substances and /or positive on the alcohol breath test, any previous convictions my application, or if uninsurable by the current CP Center's automobile insurance carrier, my employment will be denied.

The Safety Coordinator and the Agency Director of this agency will maintain the result of the drug test. They will report whether the test results are negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization.

The urinalysis testing, if positive, will be at the expense of the applicant. If negative, the test will be at the expense of the agency.

I hereby agree to submit to a drug screen urinalysis and alcohol breath test, abuse and neglect, and criminal background check.

SIGNATURE

DATE

**ATTACHMENT TO APPLICATION
SIGN OFF SHEET FOR TRAINING**

(See Policy and Procedure IV-46 for complete information about training.)

UPON BEING HIRED, EACH STAFF MEMBER IS OBLIGATED TO COMPLETE TRAINING AND ORIENTATION IN ACCORDANCE WITH THE CHOICES FOR PEOPLE POLICIES AND PROCEDURES.

TO BE COMPLETED ON THE 1ST DAY OF ORIENTATION

Upon being hired, each staff member will be obligated to complete orientation training. The orientation will consist of going over Policies and Procedures, training films, and tests. The Office Manager will also train the new employees on basic transportation training including how to fill out vehicle logs. The Office Manager will also give a building tour. The Office Manager will also set up the personnel file. The Office Manager will also schedule any generalized training that the employee may need. These might include CPR/ 1st Aid, MANDT, and Med Aid Training. The new employee will be required to acquire a TB test and Class E driver's license if not already in possession of one.

SIGNED: _____ **DATE:** _____

WORK AVAILABILITY

I AM ABLE TO WORK THE FOLLOWING SHIFTS:
(MARK ONLY THE ONES THAT APPLY)

_____ ANY SHIFT ANY DAY

OR MARK THE DAYS FOR THE TIMES YOU ARE AVAILABLE

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Days							
Evenings							
Nights							

LIST ANY SHIFT YOU CAN NOT WORK AND THE REASON

SIGNED: _____ **DATE:** _____

ATTENTION ALL APPLICANTS: PLEASE ONLY FILL OUT HIGHLIGHTED AREAS!!! THANK YOU!!

CHOICES FOR PEOPLE CENTER
REFERENCE

TO: _____ DATE: _____

The applicant named below has provided information that they previously worked for your company. We would appreciate you furnishing us with as much of the information requested below as possible. We assure you that any information you may give will be treated confidentially. An early reply will be greatly appreciated.

Thank you,

APPLICANT'S NAME: _____

APPLICANT'S DOB: _____

PREVIOUS PLACE OF EMPLOYMENT: _____

DATES EMPLOYED: _____ FULL OR PART TIME _____

POSITION TITLE: _____

WOULD THE EMPLOYEE BE RE-HIREABLE? _____

HOW MUCH NOTICE DID THE EMPLOYEE GIVE PRIOR TO TERMINATING POSITION? _____

Signature Title Date

To Whom It May Concern:

I hereby authorize Choices For People to perform an investigation as may be necessary into my personal background/employment history. I further authorize the companies, agencies, schools or persons named in my application/resume to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, agencies, schools or persons from all liability for any damage for issuing this information.

SIGNATURE _____ **DATE** _____

By checking the box below and typing your name into the Signature box, you are confirming that the above statements are true. You agree that by typing your name, you are electronically signing this document.

I Agree

Signature: _____

Date: _____