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| Dunklin County Caring Council Employment Application | | Date: |
| Name: | Social Security #: | Phone: |
| Address: | City/State: | Zip: |

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|-----------------------------------|---|----------------------------|
| Position or Type of Work Desired: | Date Available: | How did you hear about us? |
| Email Address: | Are you able to travel? _____ Yes _____ No | Driver's License Number: |

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|---|--|---------------------------------------|
| Employment History | | |
| Employer: | Position Held: | Phone: |
| Address: | City/State: | Zip: |
| Immediate Supervisor Name/Title: | Dates Employed: From _____ to _____ | Salary: |
| Reason for Leaving: | | May we contact? _____ Yes _____ No |
| Job Summary/Duties: _____ _____ _____ _____ | | |

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|---|--|---------------------------------------|
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| Address: | City/State: | Zip: |
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| Job Summary/Duties: _____ _____ _____ _____ | | |

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| Employer: | Position Held: | Phone: |
| Address: | City/State: | Zip: |
| Immediate Supervisor Name/Title: | Dates Employed: From _____ to _____ | Salary: |
| Reason for Leaving: | May we contact? _____ Yes _____ No | |
| Job Summary/Duties: _____ _____ _____ | | |

Education

| | | |
|-------------------|--|------------------|
| High School Name: | Dates Attended: From _____ to _____ | Course of Study: |
| Address: | City/State: | Zip: |
| Phone Number: | Diploma/Certificate Earned: | |

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|------------------------|--|------------------|
| Technical School Name: | Dates Attended: From _____ to _____ | Course of Study: |
| Address: | City/State: | Zip: |
| Phone Number: | Diploma/Certificate Earned: | |

| | | |
|--------------------------|--|------------------|
| College/University Name: | Dates Attended: From _____ to _____ | Course of Study: |
| Address: | City/State: | Zip: |
| Phone Number: | Degree(s) Earned/Credit Hours Completed: | |

| | | |
|--------------------------|--|------------------|
| College/University Name: | Dates Attended: From _____ to _____ | Course of Study: |
| Address: | City/State: | Zip: |
| Phone Number: | Degree(s) Earned/Credit Hours Completed: | |

Availability

| | |
|---|---|
| Days Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____ | |
| Times Available: | Are you available to work some evenings/weekends if needed? |

Applicant Certification Form

- I authorize the Dunklin County Caring Council to complete all necessary background screenings, including but not limited to an annual child abuse/neglect and criminal background screening through the Family Care Safety Registry (FCSR), fingerprint submission to the Missouri State Highway Patrol (MSHP) and Federal Bureau of Investigation (FBI) criminal record check, and any out of state background checks as applicable. I understand that the results of these screenings may affect my employment eligibility.

- I acknowledge that I may, at any time, be required to complete a drug screening. I understand that my refusal to complete the screening, or the results of the screening, may affect my employment.

- I acknowledge that I have received a copy of the Dunklin County Caring Council Personnel Policy and Procedures Handbook.

- I understand that my employment is at-will, and may be terminated at any time with or without cause.

- I authorize my employer, or potential employer, to investigate, obtain, compile, examine, copy, or receive any records pertaining to my employment history; to obtain a copy of my college transcript(s); and understand completely and without reservation allow my employer to release and/or discuss any information about my employment history or college transcript(s) with authorized personnel of the Department of Social Services. I further authorize the Department of Social Services to share any personnel information that the Department of Social Services may have about me with my employer or prospective employer as the Department of Social Services determines necessary to make personnel decisions regarding my suitability to provide services with my employer. By authorization of the above, the applicant agrees to hold harmless any individual, partnership, corporation, educational institution, or agency, The Department of Social Services, the Missouri Children's Division, its officers, agents and employees, as well as the State of Missouri, from any liability for any damage whatsoever for issuing such information. The application contains no misrepresentation or falsifications and that the information given is true and complete to the best of their knowledge and belief, that the applicant is aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, the application will be rejected or if selected, the applicant may be dismissed by the employer.

- I certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

The Dunklin County Caring Council is an equal opportunity employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Executive Director.