

## Application for Employment

We do not discriminate on the basis of race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Each question should be fully and accurately answered. PLEASE PRINT, except for signature at the end of this application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For (Secretary, Accounting Representative, Marketing Representative, Attendant)

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you seeking: Full-time ☐ Part-time ☐ Temporary ☐ employment? When Could You Start Work?

\_\_\_\_\_

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Telephone Number
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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 years of Age or older? Yes ☐ No ☐

Social Security \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Have you ever applied here before? Yes ☐ No ☐ If yes, when \_\_\_\_\_

Were you ever employed here? Yes ☐ No ☐ If yes, when \_\_\_\_\_

Disclose all criminal convictions, findings of guilt, pleas of guilt and pleas of nolo contendere exempt minor traffic offenses. \_\_\_\_\_

List/disclose all aliases and Social Security numbers you have ever used.

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**List information of employers in consecutive order with present employer listed first**

Name	Job Title and Duties	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you presently employed?    Yes ☐ No ☐

Are you registered with Family Care Safety Registry(FCSR)?    Yes ☐ No ☐

I agree and I give my consent to Saint Louis Angelic Caregivers LLC to maintain in their files copies of all screening information to document the screenings that were conducted pursuant to state and federal laws and regulations.    Yes ☐ No ☐

### List schooling information

	# of years completed	Diploma/Degree/Certificate
LIST NAME AND ADDRESS OF SCHOOL		
High School or GED	_____	_____
College or University	_____	_____
Technical	_____	_____

### Give three references

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below this job application, I(applicant) give the consent to Saint Louis Angelic Caregivers LLC to a closed record check pursuant to Section 610.120, RSMO, and the consent to a pre-employment criminal background check pursuant to Section 43.540, RSMO. I certify that all information provided in this employment application is true and complete.

I understand that this application does not guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated any time, with or without cause and with or without notice. I have read, understood, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_