

**Employee Application**

601 W Marshall

P.O. Box 187

Charleston, Missouri 63834

Telephone (573) 233-8391 Fax (573) 233-8389

An Equal Opportunity Employer

**Application for the position of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONAL DATA

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Driver License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Are you related to anyone in this Agency? If yes, name and relationship: |  No Yes |
| Have you ever been employed by this Agency? |  No Yes |
| Arc you 18 years of age or older?  |  No Yes |

Have you used any names or social security numbers other than those above?

**Have you been convicted of a felony or misdemeanor? \_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_ YES**

 If yes, please state the offense and the sentence you served on the back of the application. In accordance with Agency policy, this information will be analyzed for job-relatedness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you been ever been the respondent in an ex parte or order of protection hearing?**

 If yes, please state when and give an explanation. In accordance with SWFLC policy, this information will be analyzed for job-relatedness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you ever been the subject of a “Reason to suspect” or “Probable cause” finding of a child abuse or child neglect investigation? \_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_YES**

**If the position you seek would require you to driver:**

**Have you had any citations for moving violation? If please describe on back.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If hired, what date would you be available to start employment?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What work schedule would you prefer?** \_\_\_\_\_\_\_\_ full-time \_\_\_\_\_\_\_\_\_ part-time \_\_\_\_\_\_\_\_\_\_ as needed

 **For which schedules are you available?** \_\_\_\_\_\_\_\_\_\_weekdays \_\_\_\_\_\_\_\_\_\_\_weekends \_\_\_\_\_\_\_\_\_\_\_nights

**Do you have any disabilities that would interfere with your ability to perform the duties of the position you seek?** \_\_\_\_\_\_No \_\_\_\_\_Yes

1. **Education**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | NAME OF SCHOOL, CITY, STATE | DATES ATTENDED  | Did you graduate? | DECREE ATTAINED |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

**Please list and additional certifications you may hold:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Hobbies and interests: Please describe any you have which might enhance your ability to perform the job you seek.**

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**Why are you interested in working for Susanna Wesley Family Learning Center?**

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**Current Employment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date**  | **Employer** | **Position/Job Title** | **Supervisor** | **Reason for Job Search** |
|  |  |  |  |  |

**Previous Employment:**

Each applicant for employment must provide the information below and references from previous employers within the last five years, and from all previous employers for whom the applicant has worked. Include any periods you may have worked as an independent contractor. Should more space be needed to complete this section, please attach any additional information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates of Employment** | **Employer** | **Position/Job Title** | **Supervisor** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**May we contact your current or past employers? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_ NO**

**If no, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you ever been terminated from a job you have held or forced to resign?**

 \_\_\_\_\_\_\_No \_\_\_\_\_\_Yes If yes, please describe the circumstances

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Describe any personal attributes or experience you have that may help you better perform the duties of the job you seek.

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1. In your opinion, what are the major problems that are experienced by families today?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. CHARACTER REFERENCES: Each applicant must submit the names of at least three persons unrelated to an applicant who can provide character and/or work reference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | ADDRESS | STATE | ZIP | PHONE NUMBER |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |