



## EMPLOYMENT APPLICATION

### COMMUNITY ACTION PARTNERSHIP OF NORTHEAST MISSOURI

P.O. Box 966, Kirksville, MO 63501 (660)665-9855

*CAPNEMO is an Equal Opportunity/Affirmative Action employer.*

*Please inform the Human Resource Department if you require reasonable accommodation for the application or interview.*

#### Application Data

Position Applied for \_\_\_\_\_ How were you referred to us \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Email Address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one?     Yes     No

Do you have a valid Driver's License?     Yes     No                      Do you have dependable transportation?     Yes     No

Have you ever worked for this company?  Yes     No                      If Yes, when? \_\_\_\_\_

Do you have immediate family members serving on a CAPNEMO Governing Body or employed with the agency?  Yes     No  
 If yes, what relation? \_\_\_\_\_

Are you a Head Start Parent or Former Head Parent? (Please Check One)     No     Head Start Parent     Former Head Start Parent

Would you submit to a pre-employment background screening?     Yes     No

Date you could start, if hired: \_\_\_\_\_

#### Personal References

*Please provide the name, email, and telephone number of three references who are not related to you and are not previous employers.*

1. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Education

*Please list all schools attended after grade school. Please include the type of degree/college major, if applicable. Additionally, if applicable, please attach an Official Transcript.*

Education	High School	College/University	Vocational/Business/Military	Graduate/Professional
School Name	_____	_____	_____	_____
City, State	_____	_____	_____	_____
Yrs. Completed	_____	_____	_____	_____
Diploma /GED/Degree Date Received Or expected to Receive	_____	_____	_____	_____
Major	_____	_____	_____	_____

## Employment History

Begin with your current or last job. Include military service assignments and voluntary activities. ***This Section must be filled out completely! Additionally, you may attach a Résumé.***

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_ Position/Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 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 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, the applicant may be dismissed by the employer.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*