



# EMPLOYMENT APPLICATION

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A conviction will not necessarily bar an applicant from employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. **Please print clearly. Complete all applicable information. Please note "Not Applicable" or "N/A" if you are not answering a question.**

### PERSONAL INFORMATION

Name (Full - Last, First, MI)		Position(s) applied for:			
Street Address		City		State	Zip
Social Security Number	Home Phone	Other Phone		Preferred District: <input type="checkbox"/> All <input type="checkbox"/> Grandview <input type="checkbox"/> Independence <input type="checkbox"/> Center <input type="checkbox"/> Fort <input type="checkbox"/> Hickman Mills <input type="checkbox"/> KCMUSD <input type="checkbox"/> North KC	
When could you start employment?	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights			
Have you previously been employed by our company? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?	Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When?	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Relative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other			

### EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Name of Company (most recent)		City		State	Phone Number
Job title		From Mo/Yr		To Mo/Yr	
Duties		Starting Salary		Final Salary	
Reason for Leaving		Name of Supervisor			May we contact this employer?
Name of Company (second most recent)		City		State	Phone Number
Job title		From Mo/Yr		To Mo/Yr	
Duties		Starting Salary		Final Salary	
Reason for Leaving		Name of Supervisor			May we contact this employer?
Name of Company (third most recent)		City		State	Phone Number
Job title		From Mo/Yr		To Mo/Yr	
Duties		Starting Salary		Final Salary	
Reason for Leaving		Name of Supervisor			May we contact this employer?

### EDUCATION INFORMATION

High School or GED	City	State	Degree	GPA	
College/University	City	State	Degree	Major	GPA
Other	City	State	Degree	Major	GPA

**REFERENCES & GENERAL INFORMATION**

List three work-related (or academic) references:

NAME

ADDRESS

OCCUPATION

TELEPHONE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever been discharged or requested to resign from a position? (if yes, explain) No  Yes

Have you ever been convicted of a violation of law other than a minor traffic violation? (if yes, explain) No  Yes

Have you ever had a professional certificate or license revoked? (if yes, explain) No  Yes

Have you ever been convicted of any offense involving the sexual molestation, physical or sexual abuse or rape of a child? (if yes, explain) No  Yes

Have you ever had a charge of child abuse against you substantiated? (if yes, explain) No  Yes

Have you ever been disciplined for excessive absences? (if yes, explain) No  Yes

Please attach a sheet for explanations, if needed.

Have you been given a job description or had the essential functions of the job explained to you? No  Yes

Do you understand these essential functions? No  Yes

Can you perform the essential functions of this job with or without reasonable accommodation? No  Yes

Can you travel if the job requires it? No  Yes

Please list any additional experiences, skills, licenses, or certificates (CPR, YDC, CDA, customer service, language skills, daycare, clock hours, etc) that may be job-related or that you feel would be of value to this job or company.

Do any of your friends or relatives work here? No  Yes

If yes, state name, relationship and location \_\_\_\_\_

Have you used any names or Social Security Numbers other than given above? No  Yes

If yes, please list \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejection of my application or discharge at any time during my employment.

My signature authorizes the company and/or its agents, including consumer reporting bureaus, to verify any of this information and, as may be required, conduct a background check and authorize release of information in connection with my application for employment. This release includes all former employers, persons, schools, companies, Missouri or other State Department of Social Services, Child Protective Services in any locality to which they may refer, and law enforcement authorities. Without limitation, I hereby release Local Investment Commission (LINC), its Commissioners, employees, agents, and reference source from any liability in connection with release or use of any such information.

In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time. I also understand that the use of illegal drugs is prohibited during employment.

Signature

Date

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

LINC, 3100 Broadway, Suite 1100, Kansas City, MO 64111

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