

**Employment Application
Consumer Directed Services**

Important Notice: The below referenced Consumer/Employer is an equal opportunity employer who does not discriminate against applicants based upon race, color, religion, national origin, age, sex, disability or any other status or group membership which is protected by local, state, and federal laws regarding equal employment opportunity. If you have a disability which you believe requires an accommodation for you to participate in the application process (including filling out this form), please make the Consumer/Employer aware of any accommodation you feel is needed prior to attempting to complete such procedure or requirement.

Consumer/Employer: _____

Applicant Name: _____

Aliases: _____

Mailing Address: _____
Street Address City State Zip

Email Address: _____

Telephone Number: (____) _____ Cell Phone Number: (____) _____

Are You 18 Years Of Age Or Older? _____ Yes _____ No

Are you related to the consumer? _____ Yes _____ No (If yes, consumer is my: _____)

CRIMINAL RECORD

Have you been convicted of a crime or pled guilty or no consent to a crime (excluding minor traffic offenses)? _____ Yes _____ No

If you answered yes, please complete the information section below.

Offense	Date of Conviction or Plea	Location of Conviction or Plea

AVAILABILITY

1. What date can you start working for Consumer? _____

2. Are there any days in the week or a particular time of day on which you will not be available to work or would prefer not to work? _____

EMPLOYMENT HISTORY (List your last four positions held starting with the most recent employment)

Company	Address, Phone and Fax Numbers	Start Date	End Date	Position	Salary	Name of Supervisor	Reason for Leaving

CHARACTER REFERENCES (Provide the below requested information for three individuals who are not related to you)

Name	Address	Phone Number

CERTIFICATION, AUTHORIZATION, AND RELEASE

I certify that the information provided herein is complete and true to the best of my knowledge and belief. I understand that omissions, misleading information, or false information given in this application or interview(s) may result in refusal to hire or, if employed, may subject me to discharge at any time after its discovery.

I hereby give consent to performance of closed records checks pursuant to Section 610.120 RSMO to be performed before the start of any employment with Consumer and on an annual basis during any such employment. I understand any employment with Consumer is conditioned on my consent to such checks as well as the findings/results of such checks. I hereby release any person or organization conducting such background checks and/or furnishing criminal record or other background information and Consumer from any and all liability arising out of the conducting of a check or the furnishing or receipt of such information. Any such person or organization may rely on a copy of this release.

Applicant's Signature: _____

Date: _____

12/9/14