



Disabled Citizens Alliance for Independence, Inc.

Application for Employment

Please print all information requested except signature

P.O. Box 675;
8 Missouri
Avenue
Viburnum, MO
65566

Phone: 1-800-844-3316
Fax: 573-244-5609

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Other names used: _____

Social Security Number: _____

Current Address: _____
Street

City State Zip

How long at this current address : _____
years months

Telephone: () _____

Alternate Telephone: () _____

Position applying for: _____

Employment desired: [] Full time [] Part-time [] Full or Part-time

Have you ever applied to or worked for DCAI before? [] Yes or [] No
If yes, please explain (include date): _____

Date available to begin work? _____

Are you legally eligible to work in the United States? [] Yes or [] No

Are you over the age of 18? [] Yes or [] No

If hired, do you have reliable transportation to/from work? [] Yes or [] No

Do you possess a valid Driver's License? [] Yes or [] No

State of Issue: _____
[] Operator [] Commercial (CDL) [] Chauffeur

Can you provide valid proof of insurance on your vehicle? [] Yes or [] No

Do you have any criminal convictions, findings of guilty, pleas of guilty, and/or pleas of nolo
contendere except for minor traffic violations?

If Yes, Please explain: [] Yes or [] No

EDUCATION	School	Name & Location of School	Course of Study	Years Complete	Degree or Diploma
	High School				
	College				
	College				
	Business/ Trade/ Technical				

MILITARY	Branch	Rank	Years of Service	Skills/Duties

Please list at least three (3) references. At least two (2) must be of a professional relationship. DO NOT include family members.			
Name:	Address:	Phone:	Relationship:

Please provide complete and accurate employment records, including Full and part time positions. Start with your most recent employer.				
EMPLOYMENT HISTORY	Company Name	Job Title		May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Address	Supervisor		
	Telephone Number	Reason for Leaving		
	Dates Employed	Salary		

EMPLOYMENT HISTORY

Company Name		Job Title		May we contact this employer?
Address		Supervisor		
Telephone Number		Reason for Leaving		<input type="checkbox"/> YES
Dates Employed		Salary		<input type="checkbox"/> NO

Company Name		Job Title		May we contact this employer?
Address		Supervisor		
Telephone Number		Reason for Leaving		<input type="checkbox"/> YES
Dates Employed		Salary		<input type="checkbox"/> NO

I hereby give DCAI permission to obtain employment and personal references for the purpose of evaluating my qualifications for consideration of employment. I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications for employment. I will hold DCAI, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process. Falsification or omission of information can lead to refusal to hire or discharge of employment. Employment is at-will and can be terminated by the employer or employee at any time, for any reason.

Signature

Date