

PEMISCOT MEMORIAL PO BOX 489, HAYTI, MO 63851
FOR EMPLOYMENT

APPLICATION

PLEASE READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX, MARITAL STATUS, NATIONAL ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT OR MEDICAL CONDITION.

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION DATE		
CURRENT ADDRESS (NUMBER & STREET)	HOME PHONE	
MESSAGE PHONE		
CITY, STATE & ZIP	SOCIAL SECURITY NO.	

EMPLOYMENT DESIRED	EXPERIENCE	EXPERIENCE
FIRST CHOICE	YES ___ NO ___	SECOND CHOICE YES ___ NO ___
HAVE YOU WORKED FOR US BEFORE?	YES ___ NO ___	IF YES STATE DATE _____
HAVE YOU WORKED FOR US BEFORE UNDER ANOTHER NAME?	YES ___ NO ___	(IF YES, STATE NAME) _____
WILL YOU ACCEPT PART TIME WORK?	YES ___ NO ___	
WILL YOU ACCEPT TEMPORARY WORK?	YES ___ NO ___	
SHIFT OR HOURS YOU CAN WORK	1 ST ___ 2 ND ___ 3 RD ___	

ARE YOU EITHER UNITED STATES ESSENTIAL CITIZEN OR AN ALIEN WHO HAS FOR THE LEGAL RIGHT TO WORK IN THE JOB FOR WHICH YOU ARE APPLYING? YES ___ NO ___	HAVE YOU SERVED IN THE U.S. MILITARY? YES ___ NO ___	CAN YOU PERFORM THE FUNCTIONS OF THE POSITION WHICH YOU ARE APPLYING SAFELY? YES ___ NO ___
	PLEASE LIST JOB-RELATED SKILLS OR EXPERIENCE EXPLAIN: _____	

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986. ALL APPLICANTS UPON BEING MADE AN OFFER OF EMPLOYMENT. MUST PRODUCE DOCUMENTS WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT. ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUES BY THE FEDERAL GOVERNMENT) VERIFYING UNDER OATH. YOUR EMPLOYMENT AUTHORIZATION.

ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND/OR A DRUG TEST? YES ___ NO ___		
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR YOU FROM EMPLOYMENT. MISDEMEANOR? YES ___ NO ___	CONVICTION WILL _____	IF YES EXPLAIN - GIVE DATE _____
HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED FROM A JOB? YES ___ NO ___		IF YES EXPLAIN - GIVES DATES _____

HAVE YOU ANY HOBBIES OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX AGE, PHYSICAL OR MENTAL IMPAIRMENT, OR MEDICAL CONDITION.

YES ___ NO ___ IF YES EXPLAIN _____

NAMES	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	# OF YRS ATTENDED
DIPLOMA?			
LAST ELEMENTARY SCHOOL			
LAST HIGH SCHOOL			
JR. COLLEGE, COLLEGE OR UNIVERSITY			

OTHER DETAILS OF EXPERIENCE OR TRAINING INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?

SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED
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REFERENCES

GIVE NAME(S) OF PERSONS WE MAY CONTACT TO VERIFY YOUR QUALIFICATION FOR THE POSITION

NAME	OCCUPATION	ORGANIZATION
	PHONE	ADDRESS
NAME	OCCUPATION	ORGANIZATION
	PHONE	ADDRESS
NAME	OCCUPATION	ORGANIZATION
	PHONE	ADDRESS

EXPERIENCE

GIVE A COMPLETE RECORD OF ALL EMPLOYMENT'S AND REASON FOR PERIODS UNEMPLOYED DURING PAST TEN YEARS START WITH MOST RECENT EMPLOYMENT. GIVE U.S. EXPERIENCE ONLY

EMPLOYER: _____ ADDRESS: _____
 PHONE: _____ FROM: _____ TO: _____
 JOB TITLE: _____ IMMEDIATE SUPERVISOR & TITLE: _____
 SALARY: _____ REASON FOR LEAVING: _____

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 PHONE: _____ FROM: _____ TO: _____
 JOB TITLE: _____ IMMEDIATE SUPERVISOR & TITLE: _____
 SALARY: _____ REASON FOR LEAVING: _____

EMPLOYER: _____ ADDRESS: _____
 PHONE: _____ FROM: _____ TO: _____
 JOB TITLE: _____ IMMEDIATE SUPERVISOR & TITLE: _____
 SALARY: _____ REASON FOR LEAVING: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES ___ NO ___

LIST OFFICE MACHINES YOU CAN USE?
 TYPING SPEED _____ WPM SHORTHAND SPEED _____ WPM

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

TYPE	STATE ISSUED	DATE	NO.	VERIF.
TYPE	STATE ISSUED	DATE	NO.	VERIF.

AREA OF SPECIALIZATION MAJOR INTEREST

AFFIDAVIT I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omission of any kind whatsoever. I agree my employer shall not be liable in any respect if my employment is terminated because of the falsity of statements Answers or omission made by me in the questionnaire. I authorize employers, co mpanies, schools or persons named above to give any information regarding my employment together with any damage both legal and otherwise for issuing this information. I also

understand a conditional offer of employment may be based on results of a later medical examination. In addition, if accepted for employment I hereby agree to abide by the rules and policies of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause at any time at the option of either myself or my employer. In addition should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1986. I agree to abide by such established policies as relates thereto.

Signed: _____ Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER- A COPY OF THIS APPLICATION IS AVAILABLE TO YOU ON REQUEST
APPLICANT - PLEASE DO NOT USE THIS SPACE

INTERVIEW BY	DATE	TIME	RATED BY	DATE	TIME	
POSITION TITLE	POSITION CODE	DEPARTMENT	RATE	SHIFT	STARTING DATE	SUPERVISOR