



# APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SPACE.

Pike County Health Department  
Home Health & Hospice  
1 Healthcare Place  
Bowling Green, MO 63334  
573-324-2111

Review Date: \_\_\_\_\_ Position applying for: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street, PO, or Box Number City State Zip Code

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If you cannot be reached at the above phone number, where can we contact you?

Phone #: \_\_\_\_\_ Name of contact person: \_\_\_\_\_

## EMPLOYMENT DESIRED

Type of work desired: \_\_\_\_\_ Work hours: \_\_\_\_\_ Salary: \_\_\_\_\_

How did you learn of this opening? Please check all that apply.

\_\_\_ Local Newspaper \_\_\_ Facebook \_\_\_ Craigslist \_\_\_ Indeed.com \_\_\_ Word of Mouth \_\_\_ Walk-In \_\_\_ Other: \_\_\_\_\_

Will you accept employment of: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Any Date available to begin work: \_\_\_\_\_

## EDUCATION/TRAINING

School	Name & Address of School	Courses taken	Did you graduate?	Diploma, Degree, or Certification Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____	
Lab or X-ray Training			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date: _____	

Other courses or training: \_\_\_\_\_

Extracurricular activities while in school: \_\_\_\_\_

Areas of specialization or major interest: \_\_\_\_\_

Professional organization membership, honors received, volunteer or community service or other qualifications you have which you feel are related to the position for which you are applying: \_\_\_\_\_

## PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type	Organization or state issued	Date Issued	Number	Verification Office Use Only

**MILITARY RECORD**

Military Branch	Entry Rank	Separation Rank	Separation Date(s)	Military Occupation Specialty

Specialized Training: \_\_\_\_\_

List Service Awards, Commendations: \_\_\_\_\_

**CRIME DISCLOSURE**

Have you ever been convicted of a crime?  YES  NO If yes, for what, when, and where?

Have you ever plead guilty to a crime?  YES  NO If yes, for what, when, and where?

Have you ever had a criminal background check?  YES  NO If yes, for what, when, and where?

Has the Division of Aging ever placed you on the Employee Disqualification List (EDL)?  YES  NO If yes, for what, when, and where?

**Conviction of a criminal offense or a plea of guilt will not necessarily preclude your employment. By signing this application for employment you agree to sign a consent form required by Section 43.540 RSMo so that the agency may request a criminal records review. You should be aware that your failure to knowingly disclose any criminal history is a Class A Misdemeanor.**

**AVAILABILITY INFORMATION**

Please indicate days and hours you are available to work (be specific.)		
DAY	FROM	TO
Sunday	AM	PM
Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM
Saturday	AM	PM

Primary position desired: \_\_\_\_\_

Will you accept another position? \_\_\_\_\_

Are you available to work? *Please check all that apply.*

Weekends:  YES  NO      Holidays:  YES  NO

Rotating Shifts:  YES  NO      On Call:  YES  NO

Do you limit your annual earnings due to Social Security or other reasons?

YES  NO

If Yes, please list the maximum amount you wish to earn:

\_\_\_\_\_

**REFERENCES** *(List three references who are not friends, relatives, or former employers.)*

Name & Relationship	Title	Company Name & Address	Phone Number

**OTHER INFORMATION**

Is there any additional information you would like for us to know about you? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY** *(List current, or most recent employer first and all others in reverse chronological order.)*

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates Employed *(list month/year)*: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
May we contact for reference? \_\_\_ YES \_\_\_ NO  
Job Description & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Dates Employed *(list month/year)*: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
May we contact for reference? \_\_\_ YES \_\_\_ NO  
Job Description & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Address: \_\_\_\_\_ Dates Employed *(list month/year)*: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
May we contact for reference? \_\_\_ YES \_\_\_ NO  
Job Description & Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pike County Health Dept., Home Health, & Hospice does not discriminate in hiring or any other decision on the basis of race, color, religion, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination. I understand that emergency conditions may require me to temporarily work shifts or hours other than the ones for which I am applying and agree to such scheduling change as directed by my supervisor or administrator of Pike County Health Dept., Home Health, & Hospice.

I voluntarily give Pike County Health Dept., Home Health, & Hospice the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and drug testing, and such future physical examinations and drug testing as may be required by this agency at such times and places as the agency shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties that I would be required to perform.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment; in addition, I must consent to drug testing, Family Care Safety Registry check, EDL check, and must accept all personnel policies of Pike County Health Dept., Home Health, & Hospice as a condition of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date