



3303 Frederick . St. Joseph, MO 64506
 (816) 364-3836 . Fax (816) 390-8546
 E-Mail: ucp@ucpnwmo.org

APPLICATION FOR EMPLOYMENT
 (PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFORMATION:

Name: _____ Date: _____
 Home Address: _____
 Street _____ City _____ State _____ Zip _____
 Telephone: _____
 Home _____ Work _____ Social Security Number: _____
 Emergency Contact: _____
 Name _____ Address _____ Day Telephone _____

DESIRED EMPLOYMENT:

Position Desired _____ Desired Salary _____ Full time _____ Part time _____ PRN _____
 Date available to start: _____ Are you employed now? Yes _____ No _____

CURRENT EMPLOYER:

Position _____ Salary _____
 Address _____ Telephone _____
 Supervisor _____ Dates of employment: From _____ To _____
 Reason for leaving _____

Summarize the nature of work performed and job responsibilities:

May we inquire of your present employer? Yes _____ No _____ How long in this position? _____

EDUCATIONAL INFORMATION:

Are you a high school graduate? Yes _____ No _____ What high school? _____

COLLEGES / VOCATIONAL / TECHNICAL SCHOOLS ATTENDED

Name of College: _____ Location _____
 Major Area(s) of study: _____
 Dates attended: _____ Did you graduate? Yes _____ No _____ What degree did you earn? _____

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REFERENCES: (2 must be job related)

	Name	Address	Telephone
1.			
2.			
3.			

PAST EMPLOYMENT INFORMATION:

Past employer Position Salary
 Address Dates of employment: From To
 Supervisor Reason for leaving Telephone
 Summarize the nature of work performed and job responsibilities:

Past employer Position Salary
 Address Dates of employment: From To
 Supervisor Reason for leaving Telephone
 Summarize the nature of work performed and job responsibilities:

Have you ever been found guilty to or been convicted of any criminal act in this state or any other state?

Yes (Complete section below) No, I have not been found guilty or been convicted of any criminal offense in this state or any other state.

Date	City	State	County	Circumstances (Identify charges, attach separate page)

Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Division of Family Services in this state or any state?

Yes (Complete section below) No, I have not been found guilty or been convicted of any criminal offense in this state or any other state.

Date	City	State	County	Circumstances (Identify charges, attach separate page)

Are you listed on the Employee Disqualification List maintained by the Department of Social Services, Department of Health and Senior Services or Department of Mental Health? YES NO

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that, if employed, falsified information contained within this application shall constitute grounds for immediate dismissal.

I authorize United Cerebral Palsy of Northwest Missouri to contact my past employers, listed above, for the purpose of verifying the accuracy of the employment information contained herein and to gain an appraisal of my previous work performance. A criminal records check with Missouri's Family Care Safety Registry will be conducted for all new employees. A motor vehicle report will also be requested to review your past driving history.

I hereby release, discharge, and indemnify all parties concerned from any and all liability for damage resulting from the provision of said information. This application will be kept on file for one year from this date.

Applicant Signature _____ Date _____

United Cerebral Palsy of Northwest Missouri is an Equal Opportunity / Affirmative Action Employer