



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
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: _____

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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