

Office Use Only

App

Work R

Personal R.

FCR

OIG

Interview

Drug Test

# Application for Employment



Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the Human Resources Department.

Date:

## Personal Information

Full Name:

Date of Birth:

Address:

Email:

Phone:

Social Security Number:

If under 18 List age:

## Position Information

Position Applied For:

Date Available to Start:

Desired Salary:

Full or Part Time:

### Work availability:

Circle Days	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Write Hours							

## Additional Information

Have you ever been employed by this organization in the past?

YES  NO

I certify that I am a U.S. citizen, permanent resident, or foreign national with authorization to work in the United States.

YES  NO

Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?

YES  NO

If Yes, please explain:

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation?

YES  NO

## Educational Background

High School

School/ Institution

Location

Major

Degree or Diploma

College or Business/ Trade School

School/ Institution

Location

Major

Degree or Diploma

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## Professional background

Please list ALL work experience beginning with your most recent job held.

Company:

Supervisor:

Address:

Start Date:

Phone Number:

End Date:

Job Title:

Reason for Leaving:

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Company:

Supervisor:

Address:

Start Date:

Phone Number:

End Date:

Job Title:

Reason for Leaving:

---

Company:

Supervisor:

Address:

Start Date:

Phone Number:

End Date:

Job Title:

Reason for Leaving:

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## Personal References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

### Declaration:

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from employment.

.....

Signature



# Workers Compensation Questions

1. Have you ever filed a Worker's Compensation Claim?

Yes  No

If yes, Please complete the following:

When? (Month/Year) \_\_\_\_\_

Reason (Injury)

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Reason (Injury)

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2. Have you ever been off from work due to a work related injury?

Yes  No

If yes, Please give details:

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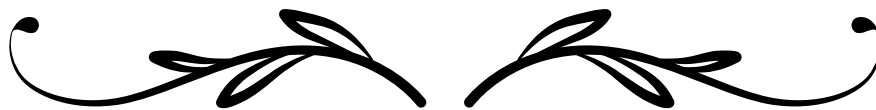
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

3200 Wayne Avenue  
Kansas City, Missouri 64109  
Phone: (816) 333-4500 Fax (816) 333-2453  
Email: bareessentialshc@yahoo.com



# RELEASE OF INFORMATION

I, \_\_\_\_\_, have submitted an application with Bare  
Essentials Home Care/ Childcare, Inc. for employment. I authorize the  
release of any information into my background, which will assist in  
determination being made as to my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date