

SEMO Alliance for Disability Independence, Inc.
 1913 Rusmar Street, Cape Girardeau, Mo 63703
 APPLICATION FOR EMPLOYMENT

We are an equal opportunity/affirmative action employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, religion, national origin, disability, veteran status, citizenship, or ancestry.

PLEASE PRINT

Position Applying For:	Date of Application:
Name: Last	First Middle
Aliases Used:	
Home Address: Street	City State Zip
Telephone Number (s)	Social Security Number (other social security numbers used)

How did you learn about us? Advertisement Employment Agency Friend Relative Walk-in Other _____

Have you been employed with us before? Yes No
 If yes, give date (s) _____

Are you currently employed? Yes No
 If yes, may we contact your present employer? Yes No

On what date would you be available to begin work? _____

Are you available to work: FULL TIME PART TIME

Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? Yes No
 (Proof of citizenship or immigration status will be required upon employment.)

Can you travel if a job requires it? Yes No

Have you ever been found or pleaded guilty or pleaded nolo contendere of a criminal act (minor traffic violations are exempt)?
 Yes No If yes, please explain in detail: (A "YES" response will not necessarily prevent employment.)

Are you currently registered with the Family Care Safety Registry Yes No

If No, do you consent to become registered with the Family Care Safety Registry Yes No
 (Failure to check YES for consent will result in a denial of employment)

Do you have a disqualifying event that would be included in the Family Care Safety Registry? Yes No

Do you consent to an open and closed records check? Yes No
 (Failure to check YES for consent will result in a denial of employment)

Are you presently employed with another In Home Service Provider or Home Health Agency Yes No
 If Yes, who is you present employer? _____

Do you have a relative(s) currently employed by us? Yes No
 If Yes, who? _____

Are you related either by marriage or blood to a client receiving our services Yes No
 If Yes, who? _____

Have you ever been a resident of or employed in another state? Yes No
 If Yes, where and what date? _____

Are you able to lift, push, pull, or carry up to 75 pounds and twist, bend, kneel, stoop, and climb stairs without difficulty? Yes No

This job requires consistent regular and punctual attendance can you meet this requirement? Yes No

EMPLOYMENT EXPERIENCE

Start with you present or most recent employment, you **MUST** list at least **5 years** employment history.

1) Employer Name	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Amount Starting Final		
Job Title			
Reason for Leaving			
2) Employer Name	Dates Employed		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Amount Starting Final		
Job Title			
Reason for Leaving			
3) Employer Name	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Amount Starting Final		
Job Title			
Reason for Leaving			
4) Employer Name	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Amount Starting Final		
Job Title			
Reason for Leaving			
5) Employer Name	Dates Employed From To		Describe Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Amount Starting Final		
Job Title			
Reason for Leaving			

Please Explain, in detail, any gaps in your employment history: _____

EDUCATION	Elementary School	High School	Undergraduate College/University/Technical	Graduate/Professional
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree				
Describe course of study				

List below description(s) and date(s) any non-paid or volunteer work experience (exclude organizations, the name or character of which would indicate the race, sex, religion, national origin or disability of its members) _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe: _____

DRIVERS INFORMATION

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of Missouri?

Yes No Is this insurance presently in effect? Yes No

Driver's License Number _____ Issuing State _____ Expiration Date _____ Class _____

REFERENCES

Give name, address and telephone number of three references who are

NOT RELATED TO YOU and are either **PREVIOUS EMPLOYERS** or **OTHER KNOWLEGEABLE PERSONS**

NAME	ADDRESS	TELEPHONE NUMBER
1.		
2.		
3.		

EMPLOYMENT CONDITIONS

I understand that I will not be considered an employee of SADI In Home Services Program or any of its subsidiaries until the following conditions are met:

- References are successfully contacted with positive results.
- Twenty (20) hours of orientation and on the job training are successfully completed.
- All applicable background checks are completed showing no negative history.
- Any falsification or material omission of an application for employment will be considered grounds form immediate dismissal.
- I understand that if I am hired, at any time during my employment, I become related to any client of ours either by marriage or blood, I am required to inform my Supervisor immediately.
- I further understand that after the above items have been successfully completed and if hired, I will be considered an "employee at will" and my employment may be terminated at any time for any reason.

Applicant Signature

Date

Printed Name

Supervisor