

# Application For Employment



CENTRAL ADMINISTRATION OFFICE

16 NORTH COURT STREET, P.O. Box 470  
BOWLING GREEN, MISSOURI 63334-0470



We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Relative  Friend  
 Employment Agency  Walk-In  Other

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIPCODE

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
Area Code

County \_\_\_\_\_

Interested in:  Full-Time  Part-Time  Temporary  Seasonal

Date Available to Begin Work \_\_\_\_\_

If employed and you are under 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Are you related to any employee of NECAC or is any NECAC employee a member of your household?  Yes  No

If yes, give name, relationship and employing department: \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment.)

Are you on a lay-off and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

# Employment Experience

Start with your present or last job. Include military service assignment and volunteer activities. Explain any gaps in employment.

1	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
3	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
4	Employer	Telephone	Dates Employed		Work Performed
		( )	From	To	
	Address				
	Job Title	Hourly Rate/Salary			
		Starting	Final		
	Supervisor				
	Reason for Leaving				
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

If you need additional space, please continue on a separate sheet of paper.

# Education

	High	College/University	Graduate/Professional
School Name City, State			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course Of Study:			
Describe Specialized Training, Apprenticeship, Skills			

List any licensure or certification you possess which are applicable to this position:

---



---



---

List any professional, trade, business or civic organizations to which you belong and any office held:

(Exclude any which may indicate race, color, religion, sex, or national origin)

---



---



---

List any office and/or construction equipment you skillfully operate which is applicable to this position (indicate type and model):

---



---



---

List any computer programs and/or equipment you skillfully operate:

---



---



---

Indicate any knowledge, skills or abilities you may have which are pertinent to this position which have not been covered in other sections:

---



---



---

# References

List three (3) responsible persons who are in a position to vouch for your character and/or work performance.

(1) \_\_\_\_\_  
Name Occupation Years Known  
\_\_\_\_\_  
Address, City, State ( )  
Telephone Number

(2) \_\_\_\_\_  
Name Occupation Years Known  
\_\_\_\_\_  
Address, City, State ( )  
Telephone Number

(3) \_\_\_\_\_  
Name Occupation Years Known  
\_\_\_\_\_  
Address, City, State ( )  
Telephone Number

## Applicant's Statement

I certify that all statements contained herein are true, correct and complete answers to the best of my knowledge, and I understand they may be relied upon in considering my application. I understand any omission, false or misleading statement and/or concealment of any requested facts on this application or any supplement to it will be sufficient grounds for rejection of this application or for dismissal from employment at any time. I authorize investigation of any and all statements contained herein as may be necessary to arrive at an employment decision. I understand this application is not, and is not intended to be, a contract of employment.

If hired, I agree I will serve at the will of the agency and will be bound by the rules, policies, regulations, and terms and conditions of employment of NECAC as they are changed from time to time. In the event of employment, I understand both I and/or NECAC have the right to end my employment at any time for any non-discriminatory reason under Missouri's "At-Will Doctrine".

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date