

Application For Employment



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 _____

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?
(Proof of citizenship or immigration status will be required upon employment.) ☐ Yes ☐ No

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

Can you travel if a job requires it? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

NOTE: A conviction does not mean you cannot be employed. The nature of the offense, length of time that has passed, relationship to the job, etc. is given consideration.

If yes, give details: _____

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ 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:	☐ 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

Print Form

Email Form