

APPLICATION FOR EMPLOYMENT

St. Francois County Board for the Developmentally Disabled is a drug free work place.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

	Date	
Name Last	First	Int
Address		
City	State	Zip
Phone		
Referred By	Are you 18 years of age or older?	Yes No

EMPLOYMENT DESIRED

Position

Date You
Can Start

Salary Desired

Are You Employed
Now?

Yes
No

If So May We Contact Your
Employer?

Yes
No

Ever Applied to
this Company
Before?

Yes
No

Where ?

When ?

EDUCATION

High School
Name and
Location of School

Last Year Completed 1 2 3 4

Did You Graduate ? Yes No Other

Subjects Studied
and Degree(s)

College
Name and
Location
of School

Last Year Completed 1 2 3 4

Did You Graduate ? Yes No Other

Subjects Studied
and Degree(s)

Trade, Graduate,
Business or
Correspondence
School

Last Year Completed 1 2 3 4

Did You Graduate ? Yes No Other

Subjects Studied
and Degree(s)

GENERAL

Subjects of
special Study or
Research Work

Job Related Skills
(computer, driver's
license
certifications, etc.)

EMPLOYMENT HISTORY

Date Month and Year	From To	Name and Address of Employer	Supervisor	Position

Date Month and Year	From To	Name and Address of Employer	Supervisor	Position

Date Month and Year	From To	Name and Address of Employer	Supervisor	Position

REFERENCES

Name

Address

E-mail Address

Phone

Position

Years
Acquainted

Name

Address

E-mail Address

Phone

Position

Years
Acquainted

Name

Address

E-mail Address

Phone

Position

Years
Acquainted

If you are to be hired by St. Francois County Board for the Developmentally Disabled, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal. If I have been employed, no matter when discovered by the SFCBDD.

I understand that employment is conditioned on background check. I authorize SFCBDD to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to SFCBDD, without giving me prior notice of disclosure. In addition, I release SFCBDD, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without notice, at the option of either myself or SFCBDD. No promises have been made to me, and I understand that no such promise or guarantee is binding upon SFCBDD unless made in writing by an authorized SFCBDD representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before I starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by SFCBDD and as permitted by law. I consent to such examinations and tests, and request the examine doctor disclose to SFCBDD the result of the examination, which results of the examination, which remain results shall remain confidential and segregated from my personnel file. I understand my employment or conditions employment, to extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by SFCBDD's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate SFCBDD to hire. If hired, I agree to abide by all SFCBDD work, rules policies and procedures. SFCBDD retains the right to revise the policies and procedures, in whole part, at any time.

Date

Signature