



PLEASE MAIL OR FAX COMPLETED APPLICATION TO:

OFFICE: 1828 Swift Ave # 202 | Kansas City, MO 64116
FAX: 816.471.3080

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Name: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate: _____

Are you 18 years or older? Yes No

Have you ever been convicted of a crime? Yes No

EMPLOYMENT DESIRED

Position: _____ Date Available: _____ FT PT

Are you employed now? Yes No

Have you ever applied to this company before? Yes No

If yes, where and when? _____

How did you learn of our agency? _____

EDUCATION

	Name & Location of School	Course of Study	Degree / Diploma
Grammar School			
High School			
College			
Business Trade or Technical			

Subjects of Special Study: _____

LICENSE / CERTIFICATION INFORMATION

RN License #: _____ State: _____ Exp. Date: _____

LPN License #: _____ State: _____ Exp. Date: _____

CNA License #: _____ State: _____ Issue Date: _____

CMT License #: _____ State: _____ Issue Date: _____

EMPLOYMENT HISTORY

(Starting with the most recent – list last four employers)

1) Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Dates Worked from: _____ to _____ May we contact? Yes No

Reason for leaving: _____

2) Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Dates Worked from: _____ to _____ May we contact? Yes No

Reason for leaving: _____

3) Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Dates Worked from: _____ to _____ May we contact? Yes No

Reason for leaving: _____

4) Name of Employer: _____ Phone: _____

Address: _____

Position: _____ Salary: _____

Dates Worked from: _____ to _____ May we contact? Yes No

Reason for leaving: _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have ever been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary. I give the employer the right to investigate all references and to secure additional information about me, if job information and all other persons, corporations, or organizations for furnishing such information. The employer is an equal opportunity employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature: _____ Date: _____