

**CHARITON VALLEY ASSOCIATION FOR HANDICAPPED CITIZENS, INC.**

**Application for Employment**

Please Mail, Fax or Hand Deliver to  
Chariton Valley Association  
1905 S. High Street, Kirksville, MO 63501  
cva@charitonvalley.org

**Application Must Be Complete In Order To Be Considered for Employment**

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, when will you be available to begin work?  
\_\_\_\_\_

Do you know anyone currently employed with CVA, if so who and how do you know them?  
\_\_\_\_\_

**PERSONAL**

Name \_\_\_\_\_

Last

First

Middle

Present Address: \_\_\_\_\_

E-Mail Add.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

**EDUCATION**

Circle the last year you completed

Elementary School	5	6	7	8
High School	1	2	3	4
College or University	1	2	3	4

High School Diploma or its equivalent, a G.E.D., is required for employment.

Describe any other training or education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide three personal references (Not Former Employers or Relatives).

Name	Address	Phone

### WORK EXPERIENCE

Name and Address of Company	<u>From</u>	<u>To</u>	Starting Salary	Ending Salary
	Mo   Yr	Mo   Yr		
Describe the work you did				
Telephone				
Reason for Leaving:			Supervisor:	

Name and Address of Company	<u>From</u>	<u>To</u>	Starting Salary	Ending Salary
	Mo   Yr	Mo   Yr		
Describe the work you did				
Telephone				
Reason for Leaving:			Supervisor:	

Name and Address of Company	<u>From</u>	<u>To</u>	Starting Salary	Ending Salary
	Mo   Yr	Mo   Yr		
Describe the work you did				
Telephone				
Reason for Leaving:			Supervisor:	

Name and Address of Company	<u>From</u>	<u>To</u>	Starting Salary	Ending Salary
	Mo   Yr	Mo   Yr		
Describe the work you did				
Telephone				
Reason for Leaving:			Supervisor:	

I hereby give permission to contact the employers listed above concerning my prior work experience.

\_\_\_\_\_

Signature

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Revised 9/1/10

Name and Address of Company	<u>From</u>	<u>To</u>	Starting	Ending
	Mo   Yr	Mo   Yr	Salary	Salary
Describe the work you did				
Telephone				
Reason for Leaving:				Supervisor:

Name and Address of Company	<u>From</u>	<u>To</u>	Starting	Ending
	Mo   Yr	Mo   Yr	Salary	Salary
Describe the work you did				
Telephone				
Reason for Leaving:				Supervisor:

I hereby give permission to contact the employers listed above concerning my prior work experience.

\_\_\_\_\_  
Signature

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s)  
\_\_\_\_\_  
\_\_\_\_\_

Are you looking for Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Either One \_\_\_\_\_

Preferred number of hours per week \_\_\_\_\_.

Please mark an "X" through the hours you are **NOT** available to work and write down the total number of hours you would like to be scheduled for.

Time	MON	TUES	WED	THUR	FRI	SAT	SUN
7:00am-3:00pm							
3:00pm-11:00pm							
11:00pm-7:00am							

Other comments \_\_\_\_\_  
\_\_\_\_\_.

Please summarize skills, experience; special training which you feel will be of special benefit in the job for which you are applying. (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have a valid driver's license? Yes \_\_\_ No \_\_\_ Non Driver \_\_\_ (If yes, verification will be required)

Are you legally eligible to work in the U.S.A.? \_\_\_\_\_ (If yes, verification will be required)

Are you 18 years of age or older? \_\_\_\_\_

Have you ever been convicted of a crime or have any criminal charges pending, excluding misdemeanors and summary offenses which has not been annulled or expunged or sealed by a court? \_\_\_\_\_

If yes, describe in full \_\_\_\_\_  
\_\_\_\_\_

Conviction of a crime will not be an absolute bar to employment.

Have you had any allegations of physical abuse, sexual abuse, class I neglect, or class II neglect substantiated against you through Missouri Departments of Aging, Family Services or Mental Health? \_\_\_\_\_

If yes, describe in full \_\_\_\_\_  
\_\_\_\_\_

In compliance with Chariton Valley's Drug Free Workplace Policy, any individual offered employment with CVA shall submit to a drug screening test prior to beginning employment.

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? \_\_\_\_\_ If no, list the function(s) you are unable to perform, with or without accommodations, and explain why you are unable to perform them. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I understand that at any time during my employment I could be subject to a random drug test. I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signing by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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Revised 9/1/10

