

CHARITON VALLEY ASSOCIATION, INC.
Application for Employment

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?

Chariton Valley Association provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Chariton Valley Association complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer leaves of absence, compensation and training. Chariton Valley Association expressly prohibits any form of workplace harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Chariton Valley Association's employees to perform their job duties may result in discipline up to and including discharge.

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	From	To	Starting Salary	Ending Salary
	Mo Yr	Mo Yr		
Describe the work you did				
Telephone				
Reason for Leaving:				Supervisor:

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

Name and Address of Company	From	To	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> Mo Yr	<u>To</u> Mo Yr	Starting Salary	Ending 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

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

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

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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 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)

Do you have a reliable vehicle? Yes ___ No ___

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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DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS

Please Read Carefully Before Signing the Authorization DISCLOSURE

In considering you for employment or as a volunteer, intern, or independent contractor, and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Chariton Valley Association (CVA) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency.

For explanation purposes:

- a “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Information CVA intends to request will include state and national criminal history reports, Missouri driving records, SSN verification, nationwide sex offender reports, Missouri Case Net, terrorists Search, and any and all other screenings as required by contract with the Missouri Department of Mental Health in addition to current and prior work and personal references as specified by you.

Under the Federal Credit Reporting Act (FCRA), before Chariton Valley Association can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Additionally, before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of the report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. Contact Consumer Financial Protection Bureau at 1-877-382-4357 for more information on reports.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Chariton Valley Association to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize Chariton Valley Association to obtain any such reports and to share the information received with any person involved in the employment decision about me.

I do _____ do not _____ authorize you to contact *my current and former* employer(s) for Employment and Reference Verifications.

(This will authorize immediate inquires to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application).

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven (7) Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License Number

State

E-mail address (may be used for official correspondence)

I have the right to make a request to the screening agency upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which has previously furnished within the two year period preceding my request.

I certify that all of elements of the person data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

Employee Reference Request Chariton Valley Association Inc.

The following employee has applied for employment with _____.
He/she has authorized the collection of any questions asked. All information is confidential.

Thank you for your
assistance.

Recruiter

I hereby authorize the release of any information requested.

Applicant

Date

Applicant Name: _____
Name Used While
Employed: _____

Position: _____

Employment Dates: _____

Reason for Leaving: _____

Would you Rehire? _____

Yes

_____ No

Please Explain _____

Please rate applicant on the following:	Above Average	Average	Below Average	No Knowledge
Attendance				
Dependability				
Initiative				
Quality of Work				
Quantity of Work				
Honesty				

Comments: _____

Signature: _____

Title: _____

Date: _____

Please reply by fax at 660-665-1409