



**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Soc. Sec. #: \_\_\_\_\_ Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Position applied for: \_\_\_\_\_ email address: \_\_\_\_\_

Full Time: \_\_\_\_ Part Time: \_\_\_\_ Volunteer: \_\_\_\_ Available date: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Reliable transportation: yes \_\_\_\_ no \_\_\_\_

Criminal convictions: yes \_\_\_\_ no \_\_\_\_ For? \_\_\_\_\_

Authorized to work in the U.S.? Yes \_\_\_\_ No \_\_\_\_

Are you bilingual? Yes \_\_\_\_ No \_\_\_\_ Language other than English: \_\_\_\_\_

**EDUCATION: (Please attach transcripts, diplomas, certificates, licenses, etc.)**

**WORK EXPERIENCE: (Please attach resume.)**

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position Held: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**Specific Skills You Bring:** \_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCES:** (not related to you)

**Name:** \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City State Zip

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**Name:** \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City State Zip

Business: \_\_\_\_\_ Phone: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

**EXPERIENCE WORKING IN A NON-PROFIT SETTING:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEMBER ORGANIZATIONS** (if applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING:**

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or the absence of my signature on this application is just cause for rejection of this application. My signature authorizes the North Central Missouri Children’s Advocacy Center to review my previous employment record, my driving and criminal records and/or other background data as it may relate to the position(s) for which I am applying.

**Because of the nature of the services provided by the North Central Missouri Children’s Advocacy Center, applicants must be willing to sign a confidentiality agreement, provide fingerprints and submit to a criminal history/background check to be considered for employment. This will include child abuse and neglect inquiries.**

The North Central Missouri Children’s Advocacy Center is an Equal Opportunity Employer and employs in accordance with the American Disability Act. We are dedicated to a policy of non-discrimination, including race, creed, color, age, sex, religion, national origin or physical defect.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**AFTER EMPLOYMENT:**

**Employee Start Date:** \_\_\_\_\_

**Beginning Salary:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
Home

\_\_\_\_\_  
Business

\_\_\_\_\_  
Cellular

**Address:** \_\_\_\_\_

Street

City

State

Zip