



EMPLOYMENT APPLICATION

Good Shepherd Children and Family Services provides and promotes equal employment opportunities for all persons without regard to race, color, sex, age, national origin or citizenship as provided by federal law.

PERSONAL INFORMATION

(Please Print—All sections must be completed in ink)

NAME _____
Last First Middle

Have you ever used any other name in the past? Yes No

If yes, please list all other names that you have used and the dates during which you used these names:

ADDRESS _____
Street City State Zip Code

TELEPHONE () _____ SOCIAL SECURITY NUMBER _____ - ____ - _____

POSITION(S) APPLIED FOR _____

In the past 5 years, have you lived or worked in a different state? Yes No

If yes, give states and dates _____

(If you are hired and you are under the age of 16, you will be required to furnish the necessary work permits before being allowed to work.)

Have you filed an application here before? Yes No If yes, give dates _____

Have you ever been employed here before? Yes No If yes, give dates _____

Are you employed now? Yes No

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status?
 Yes No

(You will be required to verify your employment eligibility and identity within 3 business days in accordance with the Immigration Reform and Control Act of 1986)

On what date would you be available to work? _____

Are you available to work . Full Time Part Time On-Call Temporary

Are you laid off and subject to recall? Yes No

Have you ever been convicted of or pleaded guilty to a misdemeanor or felony (other than a parking violation)?
 Yes No

If yes, please state the nature of the offense for which you were convicted or pleaded guilty, the date of the conviction or the entering of the plea, the judgment imposed, the court imposing the judgment and its location and the docket number of the proceeding.

Has any surety company ever refused to issue or continue any bond on your behalf?
 Yes No

If yes, please provide in detail the date, the reasons for and the circumstances surrounding the surety company's refusal.

A "yes" response to either of the two preceding questions will not disqualify you from consideration for employment. A record of a conviction, or a refusal by a surety company to issue or continue a bond on your behalf, does not mean that you cannot be hired. The nature and circumstances of any conviction or bond refusal, how long ago either occurred, and other factors including the relationship of the conviction or bond refusal to the position for which you are applying, are all important in the employment consideration. Thus, please provide a complete response to these questions so that an appropriate decision may be made.

In connection with your application for employment, and at any time during your employment if you are hired, you may be required to submit to Good Shepherd Children and Family Services a copy of any and all records regarding your conviction(s) that have been maintained by either the police or sheriff departments, or both, for the locality in which you reside, the City of St. Louis, Missouri, the City of East St. Louis, Illinois, or St. Louis County, Missouri or any one or more of them. If you have not been convicted of or pleaded guilty to a misdemeanor or felony, you may be required to submit written confirmation of that which is signed by an authorized official of the police and sheriff departments listed above.

Have you at any time been accused of child abuse? (You are required to answer this inquiry whether or not a criminal conviction arose out of the allegation.) Yes No

If yes, please complete the following questions:

1. Provide in detail the date, the place and an account of the circumstances surrounding each allegation of child abuse.

2. Did any administrative or judicial proceedings arise out of allegations of child abuse?
 Yes No

If yes, please identify the agency or court in which the proceeding was brought and its location, the parties to the proceeding, the docket number of the proceeding and any judgment or resolution that was entered or reached.

3. Are you under the supervision of any federal, state or local agency as a result of any allegations of child abuse? Yes No

A "yes" response to any of the three preceding questions will not disqualify you from consideration for employment. The nature and circumstances of the matters reported as well as their disposition are all important in the employment consideration.

HEALTH REQUIREMENTS

Are you able to perform the activities involved in the position for which you are applying either with or without reasonable accommodation? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names which indicate race, color, religion, gender, national origin, handicap or other protected status. Include FAX numbers, if known.

Employer	Telephone	FAX	Email Address:	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From to		Hourly Wage/Salary		
Reason For Leaving				

Employer	Telephone	FAX	Email Address:	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From to		Hourly Wage/Salary		
Reason For Leaving				

Employer	Telephone	FAX	Email Address:	
Street Address		City	State	Zip Code
Job Title		Supervisor		
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Reason For Leaving				

Employer	Telephone	FAX	Email Address:	
Street Address		City	State	Zip Code
Job Title		Supervisor		
Employment Dates From to		Hourly Wage/Salary		
Reason For Leaving				

PERSONAL REFERENCES

Give the name, email address (preferred) and telephone number of three persons who are not related to you and who are not previous employers.

1. _____

2. _____

3. _____

EDUCATION

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Graduation Date	////////////////////			
Diploma/Degree	////////////////////			
Course of Study	////////////////////			
Describe specialized training, skills, qualifications, internships and/or extra-curricular activities				

I grant permission to Good Shepherd and Family Service (the Agency) to investigate thoroughly my complete personal, educational and work histories, and to verify all information that may be given in connection with my seeking of employment with the Agency. I also grant permission to the Agency to contact, in connection with my application and periodically thereafter, if I am employed, the Missouri Division of Family Services and any other governmental agencies, organizations, corporations, entities or individuals that the Agency deems necessary in order to verify the continued accuracy of any information given in connection with this application, and I agree to complete, in connection with my application and periodically thereafter, if I am employed, any and all forms required by the Agency (including, but not limited to, an application for child abuse/neglect screening to be submitted to the Missouri Department of Social Services). In addition, I release the Agency and all of its agents, as well as any individual or organization and all of their agents who supply written or oral information regarding myself to the Agency, from any and all liabilities resulting from such investigation or verification. I understand and agree that I may be denied employment or, if I am already employed, that my employment may be terminated based on information

obtained during that investigation or verification. Upon termination of my employment with the Agency, regardless of when, how or why my employment is terminated, and whether such termination is affected by me or the Agency, I authorize the release of reference information on all aspects of my employment history with the Agency and release the Agency and all its agents from any and all liability resulting from disclosure of information on my employment history.

In addition, I understand and agree that this application will be considered valid for a period of forty-five (45) days. I recognize that, if I wish to be considered after forty-five (45) days, I must complete a new application for employment.

I understand and agree that, if I am offered employment by the Agency, my employment will be based upon mutual agreement and that either I or the Agency may terminate the employment relationship at any time and for any reason. I further understand that no supervisor, agent or representative of the Agency has any authority to enter into any oral employment agreement with me for any period of time or to make any oral agreement contrary to the foregoing.

Finally, I certify that I have given true and accurate information and that I have read and agreed to the conditions of employment stated in this application and authorize the release as set forth above. If any information contained in this application is found, in the opinion of the Agency to be false in any respect, my application for employment may be rejected. Similarly, if I am already employed, I will be subject to discharge without notice at any time.

Applicant's Signature _____ **Date** _____