

APPLICATION FOR EMPLOYMENT

(660) 747-2619

Johnson County Board of Services (JCBS)

Johnson County Sheltered Workshop (JCSW)

Date of application _____

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the JCBS Director. JCBS/JCSW will retain Application For Employment on file for 60 days from their date of receipt. After that time, applicants must resubmit an Application For Employment to be considered for any employment openings at JCBS/JCSW.

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone No. _____ Cell Phone No. _____

Best time to call? _____ Email _____

May we contact you at work? _____

If yes, work number and best time to call _____

Social Security No. _____ Driver's License No. _____ State _____

Do you have a CDL? _____ If yes, list type and endorsements _____

Are you 18 years of age? _____ JCBS/JCSW can not employ persons under 18 years of age.

Have you submitted an application here before? _____ Have you worked for JCBS/JCSW before? _____

If yes, please give date(s) and position held _____

Are you legally eligible for employment in this country? _____ Date available for work _____

As a condition of employment, JCBS/JCSW policy requires a high school diploma or GED. Do you have a high school diploma or GED? _____ Yes _____ No Proof will be required for employment.

Type of employment desired: _____ Full-Time _____ Part-Time _____ Temporary _____ Educational Co-op

Can you work on weekends? _____ Can you work a night shift? _____

Will you work overtime if requested? _____

If no, please explain _____

Position(s) applied for _____

Referral Source:

Advertisement

Employee

Career Center

Relative

Newspaper Advertisement

UCM Placement

Other _____

Name of person who referred you (if applicable) _____

Are you related to a current JCBS staff member? _____ If yes, please give name _____

Are you related to a current JCBS Board member? _____ If yes, please give name _____

Will you have a dependable source of transportation to work? _____

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. (Use additional sheets if necessary) Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE CONTACT ME FIRST		HOURLY RATE/SALARY		
		FINAL		
		\$	PER	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY		
IMMEDIATE SUPERVISOR AND TITLE		STARTING		
REASON FOR LEAVING		\$	PER	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE CONTACT ME FIRST		HOURLY RATE/SALARY		
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		FINAL		
		\$	PER	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications - Summarize any experience, special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

EDUCATIONAL BACKGROUND

School	Number of Years Completed	Degree/Diploma	GPA or Class Rank	Course of Study or Major

REFERENCES

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held.

EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc...

EXCLUDE INFORMATION WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, COLOR, DISABILITY OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Have you ever been charged with a crime, including a misdemeanor or felony offense in Missouri or any other state, or under the laws or jurisdiction outside of the United States to which you plead guilty, for which you were found guilty, entered a plea of no contest, received a suspended imposition of sentence or a suspended execution of sentence? (Excluding minor traffic offenses, but including DUI, DWI or any felony offense related to the operation of a motor vehicle) Please explain below:

(A misdemeanor or felony conviction will not necessarily be a bar to employment. All factors regarding any such conviction will be considered in light of applicable workplace safety and security concerns.)

I understand that if I am employed, any misrepresentation of material omission made by me on this application will be sufficient for immediate discharge from the employer's service whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer, its employees, its directors and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand that it is this organization's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I authorize the Johnson County Board of Service and/or the Johnson County Sheltered Workshop, its agents, officers or employees, to conduct a background check of me, including a criminal background check through any agency of the state of Missouri, any agency of any other state, The United States, including but not limited to the Highway Patrol, the Missouri Department of Social Services, Division of Family Services, Missouri Department of Mental Health or the FBI. As a condition of employment, I further agree that I will supply such additional information or written consents as may be determined by the Johnson County Board of Services and/or the Johnson County Sheltered Workshop to be necessary to carry out such background check.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

FAMILY CARE SAFETY REGISTRY

Notice

Johnson County Board of Services (JCBS) policy requires that all prospective employees successfully clear the Family Care Safety Registry before beginning work with JCBS. **JCBS requires that an application must include written documentation that an applicant has registered with the Family Care Safety Registry for that application to be complete and prior to a person being interviewed by JCBS for a job.**

Missouri's Family Care Safety Registry was established by law to protect children, the elderly, and the physically or mentally disabled in this state and to promote family and community safety by providing background information on potential care givers.

Due to a sizable increase in paper registrations and background screening requests, the processing time required for paper requests is significant and may exceed two months. JCBS strongly recommends that you register using the internet.

The Family Care Safety Registry can be found at:
<http://www.dhss.mo.gov/fcsr/>

If you are already registered:

- Go to the above link, and you will find a box at the bottom of the page titled "Quick Links." Double click on "Is a Person Already Registered?" and follow the directions. You should produce a document titled "Family Care Safety Registry Internet Worker Registration System." That page should contain a social security number. Print that page and it will serve the documentation that is needed. **Return the document with your application.**

If you have not registered:

- Go to the above link and double click "Register Online" which will be found in a column on the left side of the screen. **You will need a credit card and your social security number to complete the process.**
- Once you have completed the process, print the receipt that proves you have registered, and that document will serve as the documentation that is needed. **Return the document with your application.**

If you need any help with this process, please call 660-747-2619.