

Grace Hill Neighborhood Health Centers, Inc. is an Equal Opportunity Employer. The organization follows the policy of non-discrimination based on race, color, sex, age, national origin, disability, veteran status, religion and any other status protected by law. Grace Hill is committed to a Drug-Free workplace.

Please complete all questions accurately and fully.

TODAY'S DATE: _____ SOCIAL SECURITY NUMBER: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE: _____ OTHER TELEPHONE: _____

E-MAIL ADDRESS: _____ EMPLOYMENT DESIRED: FULL-TIME PART-TIME

POSITION(S) DESIRED: 1) _____
2) _____
3) _____

SALARY REQUIREMENTS: 1) _____ 2) _____ 3) _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THIS COUNTRY? YES NO *Note: If you are hired, you will be required to show documents verifying your employment eligibility and identity to complete the DHS Form I-9 as required by the Immigration Reform and Control Act.*

HAVE YOU EVER BEEN EMPLOYED BY GRACE HILL? YES NO

REFERRAL SOURCE: NEWSPAPER DIVISION OF EMPLOYMENT SECURITY INTERNET EMPLOYEE REFERRAL OTHER

IF REFERRED BY A CURRENT GRACE HILL EMPLOYEE, PLEASE LIST THE EMPLOYEE'S NAME AND DEPARTMENT:

EMPLOYMENT HISTORY

Please list information for your last three (3) employers. Please start with the most recent employer.

1) NAME OF EMPLOYER: _____
ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE
TELEPHONE W/ AREA CODE: _____
DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____
CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY
JOB TITLE: _____
KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

2) NAME OF EMPLOYER: _____
ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE
TELEPHONE W/ AREA CODE: _____
DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____
CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY

JOB TITLE: _____

KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

3) NAME OF EMPLOYER: _____

ADDRESS: _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE W/ AREA CODE: _____

DATES OF EMPLOYMENT: STARTING: _____ ENDING: _____

CURRENT OR FINAL SALARY: _____ HOURLY WEEKLY ANNUALLY

JOB TITLE: _____

KEY DUTIES: _____

SUPERVISOR NAME & TITLE: _____ MAY WE CONTACT THIS PERSON? YES NO

REASON FOR LEAVING: _____

EDUCATION

Name & Location of School(s)

HIGH SCHOOL

_____ DID YOU GRADUATE? YES NO

COLLEGE

_____ DID YOU GRADUATE? YES NO

_____ SUBJECT STUDIED: _____

_____ DEGREE RECEIVED: _____

GRADUATE SCHOOL

_____ DID YOU GRADUATE? YES NO

_____ SUBJECT STUDIED: _____

_____ DEGREE RECEIVED: _____

Please list other languages you are fluent in, or certificates, training and skills you possess that you would like to be considered:

CONVICTIONS

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO

ARE YOU CURRENTLY UNDER INDICTMENT OR HAVE YOU EVER RECEIVED A SUSPENDED IMPOSITION OF SENTENCE? YES NO

IF YES TO EITHER OR BOTH QUESTIONS, PLEASE STATE THE DATE, CONVICTION AND SENTENCE. PLEASE INDICATE THE SPECIFICS:



REFERENCES

NAME	BUSINESS	PHONE NUMBER
1) _____		
2) _____		
3) _____		

*** PLEASE READ CAREFULLY BEFORE SIGNING ***

To the best of my knowledge, the information contained in this application is complete and accurate. I understand the providing false information is grounds for not hiring me or for my discharge, if I have already been hired. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

I understand and acknowledge that submission of this signed application authorizes the Agency to process through and receive information from the Missouri State Police and the Missouri Department of Family Services relating to any arrest or criminal history information of record.

I understand that by submitting this application, the agency does not guarantee that I will be employed. Nothing contained in this application or in any pre-employment communications is intended to or creates a contract between myself and the agency for either employment or the providing of any benefit. I further understand that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the agency or myself. I have read and understand the above provisions.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature: _____ Date: _____

PERSONAL INFORMATION RELEASE

I understand that if offered a position with the agency, I may be required to submit to a pre-employment drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the agency and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

