

FINCK & ASSOCIATES, INC.



Application For Employment

Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI _____

Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Business: _____ Cell: _____

May we contact you at your business phone number? Yes: _____ No: _____

Have you ever applied for employment with us?

Yes: _____ No: _____ If yes, when? _____

POSITION DESIRED

Title: _____

WORK ELIGIBILITY

Are you eligible to work in the United States? Yes: ___ No: ___ ****You must prove eligibility to work in the U.S.****

Are you available to work holidays? Yes: ___ No: ___

When will you be available to begin work? ____/____ (Month/Year)

Are you 18 or older? Yes: ___ No: ___

Do you have a valid driver's license? Yes: ___ No: ___

Do you have safe, licensed, reliable transportation available for you on a daily basis? Yes: ___ No: ___

Do you have proof of financial responsibility for your vehicle (car insurance) Yes: ___ No: ___

Have you been convicted of abuse, child abuse, elder abuse, domestic violence or any other crime involving physical and/or emotional violence? Yes ___ No: ___

If yes, please explain:

Have you been convicted of or pleaded no contest to a felony? Yes: ___ No: ___

If yes, please explain:

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes? * Yes: ___ No: ___

If yes, please explain:

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, etc.)?

How did you hear of our organization?

*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

AVAILABILITY

Days Available

Sun. ___ Mon. ___ Tues. ___ Wed. ___ Th. ___ Fri. ___ Sat. ___

Total Hours Available: _____ Hours Available: from _____ to _____

EDUCATION

High School: _____ City: _____ State: _____

Did you graduate? Yes: ___ No: ___ Diploma: Yes: ___ No: ___ GED: Yes: ___ No: ___

****You must bring proof of High School Diploma or GED to your interview****

College: _____ City: _____ State: _____

Course of Study: _____ Number of Years Completed: _____

Did You Graduate? Yes: ___ No: ___ Degree: _____

Post Graduate degrees and Universities attended: _____

EMPLOYMENT HISTORY: PLEASE GIVE ACCURATE AND COMPLETE FULL-TIME EMPLOYMENT RECORD. START WITH PRESENT OR MOST RECENT EMPLOYER. INCLUDE MILITARY EXPERIENCE IF APPLICABLE.

Position #1

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving or wanting to leave: _____

Position #2

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Position #3

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Position #4

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

Position #5

Company Name: _____ City: _____ State: _____
Company Phone Number: _____
Job Title: _____
Name of Supervisor: _____
Employed (Month and Year) From: _____ To: _____
Weekly Pay: _____
Describe your work: _____

May we contact this employer? Yes: _____ No: _____
If not, why not? _____
Reason for leaving: _____

CONDITIONS OF EMPLOYMENT

Finck & Associates, Inc. sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with Finck & Associates, Inc., you need to carefully consider what we will require of you before you accept. To be considered as a prospective employee you must agree that you are able to:

- ◆ Follow the laws of the State of Missouri regarding treatment of consumers we serve
- ◆ Follow the rules of the Missouri Department of Mental Health
- ◆ Follow our standards of professionalism
- ◆ Arrive on time and when scheduled
- ◆ Able to lift 50 pounds
- ◆ Obtain (if necessary) and maintain a valid chauffeur’s license
- ◆ Maintain a positive, enthusiastic attitude
- ◆ Treat clients and coworkers with respect
- ◆ Be honest and dedicated in your work
- ◆ Use proper phone etiquette
- ◆ Complete necessary training requirements
- ◆ Complete required paperwork thoroughly, quickly and professionally
- ◆ Follow company policies and procedures
- ◆ Assist clients and client families
- ◆ Accept and follow directions
- ◆ Meet standards of work quality and quantity
- ◆ Maintain a professional appearance
- ◆ Maintain a safe and clean work environment
- ◆ Accept a work schedule that will require holiday work, weekend work, emergency call-in to work and mandatory overtime

Are you willing and able to comply with all the requirements listed? Yes: _____ No: _____

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

AGREEMENT OF THE TRANSFER OF INFORMATION

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment and possible criminal prosecution. I authorize you to verify any and all information provided above. I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy. I acknowledge that Missouri is an “at will” employment state and if I become employed, I will be free to terminate my employment at any time for any reason, and that Finck & Associates, Inc., retains the same rights to terminate my employment at any time for any reason. No Finck & Associates, Inc. representative has the authority to make any contrary agreement.

Signature: _____ Date: _____

Printed Name: _____

Send to:

**Finck & Associates, Inc.
17079 ACR 929
Mexico, MO 65265**