

APPLICATION FOR EMPLOYMENT – Missouri Parents Act

PLEASE PRINT

Position Applied For _____ Date of Application ____/____/____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Telephone () ____ - _____ Social Security Number ____ - ____ - ____

Have you ever been employed by MPACT before? YES NO

Are you legally eligible for employment in this country? YES NO
(Proof will be required upon employment)

Date available for work _____/_____/_____

Type of employment desired Full Time Part Time Temporary

Are you able to meet the travel and other requirements of the position? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

Driver's license number (if travel required by job) _____ State _____

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

References

Name	Telephone	Years Known
	() -	
	() -	
	() -	

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with MPACT.

Employment History

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent

From	To	Employer	Telephone () -
Job Title		Address	
Immediate Supervisor and Title		Reason for leaving	
Nature of work and job responsibilities			Salary

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It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____

Date ____/____/____