

**LAFAYETTE HOUSE**  
**EMPLOYMENT APPLICATION**

Reviewed by: \_\_\_\_\_

The management shall not fail to hire, discharge or discriminate among applicants for employment, or employees, in terms of compensation, terms, conditions, and privileges of employment because of race, color, religion, national origin, sex, handicap status, age, disability, veterans and Vietnam-era veteran status. Reasonable accommodations shall be made for handicapped persons who are applicants and employees capable of performing the essential qualifications of their positions. This facility shall not limit, segregate or classify applicants and employees so as to tend to, or to deprive, any applicant or employee of employment opportunity, or adversely affect the employment opportunity of such persons.

Lafayette House is a Tobacco Free Campus.

Please complete all questions. Failure to do so may result in your application being disqualified.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Previous addresses for the past 7 years: (Add pages if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any states you have resided in other than Missouri: \_\_\_\_\_

How long have you lived in this community? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Have you ever been an employee of Family Self-Help Center/Lafayette House? \_\_\_\_\_

If yes, dates and job title: \_\_\_\_\_

Have you received services from Lafayette House within the last 2 years? (Dates if known) \_\_\_\_\_

Have you applied for a position with us before? \_\_\_\_\_

How were you referred to our organization? \_\_\_\_\_

**EMPLOYMENT POSITIONS:**

Position(s) applying for: \_\_\_\_\_ Salary desired: \$ \_\_\_\_\_

Are you applying for:

\* Regular part-time work? YES or NO or Regular full-time work? YES or NO

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Can you work on the weekends? YES or NO

Can you work evenings? YES or NO or midnights? YES or NO

**EDUCATION:**

Do you have a high school diploma? YES\_\_\_\_ NO\_\_\_\_ if NO;

Do you have a GED? YES\_\_\_\_ NO\_\_\_\_

Name of School City, State Degree? Y/N Major? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional training including License and/or Certifications: (Provide State, License #, and Exp. Date):

\_\_\_\_\_  
\_\_\_\_\_

Hobbies & interests \_\_\_\_\_

**EMPLOYMENT RECORD:**

Are you currently employed? \_\_\_\_\_

**Must complete Release of Information Authorization (Page 5) - Please list at least 3 employers**

Please list ALL previous/current Employers, or at least all for the last five years beginning with the present or most recent.

- Name of company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates employed – from \_\_\_\_\_ to \_\_\_\_\_  
 Ending salary: \$ \_\_\_\_\_ per hr/mo/yr Hours worked per week: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact previous employer? YES NO  
If NO, please explain: \_\_\_\_\_

- Name of company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dates employed – from \_\_\_\_\_ to \_\_\_\_\_  
 Ending salary: \$ \_\_\_\_\_ per hr/mo/yr Hours worked per week: \_\_\_\_\_  
 Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact previous employer? YES NO

If NO, please explain: \_\_\_\_\_

• Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates employed – from \_\_\_\_\_ to \_\_\_\_\_  
Ending salary: \$ \_\_\_\_\_ per hr/mo/yr      Hours worked per week: \_\_\_\_\_  
Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact previous employer?      YES      NO  
If NO, please explain: \_\_\_\_\_

• Name of company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dates employed – from \_\_\_\_\_ to \_\_\_\_\_  
Ending salary: \$ \_\_\_\_\_ per hr/mo/yr      Hours worked per week: \_\_\_\_\_  
Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

Supervisor name: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact previous employer?      YES      NO  
If NO, please explain: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for you to contact the following personal references.

**PERSONAL**

• Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

• Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

**Additional Information**

1. Are you legally eligible to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have or have you ever had a complaint filed against you with your state licensing registry?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable \_\_\_\_\_  
If yes, explain \_\_\_\_\_
3. Are you registered on the Family Care Safety Registry with the Missouri Department of Health and Senior Services? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

*As a provider of services for the Missouri Department of Mental Health and a licensed Child Care provider by the Missouri Department of Health and Senior Services all employees must meet eligibility requirement of these two entities. An applicant is ineligible for hire if applicant:*

- 1. is listed on the DMH disqualification registry; or*
- 2. is listed on the employee disqualification list of the Department of Health and Senior Services or Department of Social Services or*
- 3. Has a disqualifying guilty plea, Nolo Contendere plea or conviction as outlined by the RSMo section 630.170.*

**Certification:**

I certify that all of the statements made in this application are true, correct and complete to the best of my knowledge and are made in good faith. I understand that any misinformation may be cause for disqualification or termination of employment.

If this application for employment is accepted, I understand and agree that the terms, conditions, compensation, benefits, hours, schedule and duration of my employment may be determined, changed and modified from time to time at the will of my Employer without limitation or condition.

I hereby authorize Lafayette House to request a criminal record review with the Missouri Highway Patrol.

I hereby authorize any person, corporation, or other organization listed above to furnish any information regarding me, as is necessary to determine my eligibility for employment. I hereby release such person, corporation, or other organization from any and all liability for releasing such information, if information is provided in good faith, with no malice intended. I further agree to abide by all rules and policies of Lafayette House.

I hereby acknowledge that I understand that Lafayette House participates in the United States Department of Homeland Security E-Verify program. The E-Verify program is an internet-based eligibility verification system operated by the U.S. Citizenship and Immigration Services. I understand that if I am hired, I must be able to prove my identity and my eligibility to work in the United States using forms of documentation deemed acceptable by the Bureau of Citizenship and Immigration Services. I acknowledge that failure to do so may constitute grounds for termination or an offer of employment rescinded.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Lafayette House**  
**Release of Information Authorization - Employment**

(Please fill out for each previous employer that we may contact)

By my signature below, I \_\_\_\_\_,SSN \_\_\_\_\_, authorize  
(print name)

\_\_\_\_\_ Lafayette House \_\_\_\_\_ to contact my former employer (list name below).  
(your organization)

1) \_\_\_\_\_,

for the purpose of discovering the nature and character of my prior employment at that organization.

Further, I understand and acknowledge that prior employment information will be used in the decision making process related to my application for employment, and I forever release and hold harmless my prior employer from any liability whatsoever related to such information as may be disclosed.

I have read, understand, and agree with the use and purpose of this release authorization.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**Lafayette House**  
**Release of Information Authorization - Employment**

By my signature below, I \_\_\_\_\_,SSN \_\_\_\_\_, authorize  
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\_\_\_\_\_ Lafayette House \_\_\_\_\_ to contact my former employer (list name below).  
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Signature of Applicant                      Date

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\_\_\_\_\_  
Signature of Applicant                      Date

**LAFAYETTE HOUSE**  
**APPLICATION FLOW DATA**  
**AFFIRMATIVE ACTION QUESTIONNAIRE**

Lafayette House has a commitment to Affirmative Action and, as such, has adopted a policy of nondiscrimination in hiring, promotion and other employment practices. In order to monitor our personnel practices, we are requesting that each applicant for employment or promotion complete the following questionnaire. This may be completed anonymously. The information contained on this form will be used strictly for employment analysis and will in no way affect the outcome of your employment application with our organization.

IF YOU DO NOT WISH TO COMPLETE THIS QUESTIONNAIRE, PLEASE IDENTIFY THE POSITION YOU ARE APPLYING FOR AND CHECK HERE. \_\_\_\_\_

Position for which you are applying \_\_\_\_\_  
Are you applying for a promotion? \_\_\_\_\_yes \_\_\_\_\_no  
This position is (check one) \_\_\_\_\_Full time  
\_\_\_\_\_Part time

Your gender is: \_\_\_\_\_Female \_\_\_\_\_Male

Your age is: \_\_\_\_\_years

Your race/national origin is (check one)

\_\_\_\_\_White (Non-Hispanic)  
\_\_\_\_\_Black (Non-Hispanic)  
\_\_\_\_\_Hispanic  
\_\_\_\_\_American Indian  
\_\_\_\_\_Asian American  
\_\_\_\_\_Other (please identify) \_\_\_\_\_

Are you handicapped? \_\_\_\_\_yes \_\_\_\_\_no

Are you a Veteran of the U.S. Military? \_\_\_\_\_yes \_\_\_\_\_no

If you are a Veteran, are you a Vietnam Era Veteran? \_\_\_\_\_yes \_\_\_\_\_no

“Veteran of the Vietnam Era” means a person who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

Thank you for taking the time to complete this form.  
Please return the questionnaire to the Secretary/Receptionist.