

LAFAYETTE HOUSE
EMPLOYMENT APPLICATION

Application number: _____

Reviewed by: _____

Interviewed: YES NO

Offered Position: YES NO

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, sex, sexual orientation, gender identity, national origin, disability, or status as a protected veteran. 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: part-time work? YES or NO or 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 or 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

- Are you legally eligible to work in the U.S? Yes _____ No _____
- 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 _____
- 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

Lafayette House

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(print name)

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(your organization)

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Signature of Applicant

Date

LAFAYETTE HOUSE
APPLICATION FLOW DATA
AFFIRMATIVE ACTION QUESTIONNAIRE

Application Number: _____

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. 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 _____Other

Your age is: _____years

Your race/national origin is (check one)

_____White (Non-Hispanic)
_____Black (Non-Hispanic)
_____Hispanic
_____American Indian
_____Asian/Pacific Islander
_____Other (please identify) _____

Do you have a disability? _____yes _____no

Are you a Veteran of the U.S. Military? _____yes _____no

Are you a recently separated veteran, other protected veteran, or Armed Forces service medal veteran?
_____yes _____no

The term “recently separated” refers to any veteran during the three year period beginning on the date of such veteran’s discharge or release from active duty. The term “other protected” refers to persons who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

Thank you for taking the time to complete this form.
Please return the questionnaire with your completed application.