

# New Horizons Community Support Services, Inc.

## Application for Employment

[PRE-EMPLOYMENT QUESTIONNAIRE]

[AN EQUAL OPPORTUNITY EMPLOYER]

**PERSONAL INFORMATION**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER  YES  NO

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	*NUMBER OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED

\*The Age Discrimination in Employment Act of 1957 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

US MILITARY OR NAVAL SERVICES \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

**FORMER EMPLOYERS** [LIST BELOW LAST FOUR EMPLOYERS. STARTING WITH LAST ONE FIRST]

Date, Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

**References:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR  
[CONTINUED ON OTHER SIDE]

NAME	ADDRESS & PHONE	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?  YES  NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? \_\_\_\_\_

PLEASE DESCRIBE: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NUMBER

**Special Questions:**

HAVE YOU BEEN CONVICTED OF, FOUND GUILTY OF, PLED GUILTY TO OR NO CONTEST TO, RECEIVED A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE FOR, OR RECEIVED ANY PERIOD OF PROBATION OR PAROLE FOR A FELONY OR MISDEMEANOR?

YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE:

HAVE YOU BEEN PLACED ON A DEPARTMENT OF HEALTH AND SENIOR SERVICES (FORMERLY DIVISION OF AGING) DISQUALIFIED LIST?

YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE:

HAVE YOU EVER BEEN PLACED ON A DEPARTMENT OF MENTAL HEALTH DISQUALIFIED REGISTRY?

YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE:

HAVE YOU BEEN PLACED ON A PROBABLE CAUSE, ADJUTICATED OR REASON TO SUSPECT CHILD ABUSE/NEGLECT LIST?

YES \_\_\_\_\_ NO \_\_\_\_\_ DESCRIBE:

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED:  Yes  No POSITION: \_\_\_\_\_ DEPT: \_\_\_\_\_

SALARY/WAGE: \_\_\_\_\_ DATE REPORTING TO WORK: \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

EMPLOYMENT MANAGER DEPT HEAD GENERAL MANAGER

**Return this application in person, or by mail or fax to the applicable location below; Attention: Human Resources.**

Jefferson City Office:  
2013 William Street  
Jefferson City, MO 65109  
Fax: 573-635-9892

Columbia Office:  
1408 Hathman Place  
Columbia, MO 65201  
Fax: 573-875-2557