

**THE COMMUNITY PARTNERSHIP  
1101 HAUCK DRIVE  
ROLLA, MISSOURI 65401  
573-368-2849 PHONE  
573-368-3911 FAX**

**APPLICATION FOR EMPLOYMENT**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify the Executive Director of this organization.

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a crime in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. (A conviction will not automatically bar employment.)

How were you referred to us? \_\_\_\_\_

**Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications.

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**Educational History**

List School name and location, years completed, course of study, and any degrees earned.

**College/University** name: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree(s) earned: \_\_\_\_\_

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**College/University** name: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree(s) earned: \_\_\_\_\_

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**Technical School** name: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Degree/Certificate earned: \_\_\_\_\_

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**High School** name: \_\_\_\_\_ Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Diploma/certificate earned: \_\_\_\_\_

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**Employment History**

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Immediate supervisor and title:** \_\_\_\_\_

**Dates employed: from** \_\_\_\_\_ **to:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

=====

**Employer:** \_\_\_\_\_ **Position held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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**Dates employed: from** \_\_\_\_\_ **to:** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Personal References - Please list three (3) personal references.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Number of years known:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Number of years known:** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**Telephone Number:** \_\_\_\_\_ **Number of years known:** \_\_\_\_\_

# THE COMMUNITY PARTNERSHIP

## EMPLOYMENT QUESTIONNAIRE

Please complete the following questionnaire in ink. Thank you.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

1. The Community Partnership workday is eight (8) hours long, excluding your lunch break. Can you meet this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
2. Flexible hours on a given workday are sometimes required without prior notice. Can you meet this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
3. Provider program service responsibilities sometimes require working evenings and/or Saturdays. Can you meet this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
4. Responsibilities require your ability to lift and carry equipment weighing 20 – 30 pounds. Can you meet this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
5. Professional development and training meetings sometimes require overnight stays. Can you meet this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
6. This position requires that you have available transportation and provide proof of sufficient automobile liability insurance. Can you comply with this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
7. The Partnership has a smoke-free environment. Can you comply with this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
8. The Partnership requires pre-employment drug testing at the expense of The Partnership. Can you comply with this requirement?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If not, why not?
9. Describe your working knowledge of specific computer software programs and your skill level working in those programs.
10. Describe your working knowledge of specific office machines and your skill level working with these machines.
11. Indicate the earliest date you are available to begin work, if selected for this position.



## **7.14 Drug Testing**

Effective Date: 12/20/00

Revision Date: 12/20/00

The Partnership is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, pre-employment drug testing shall be required. A position-specific employment finalist shall be required to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Said testing shall be conducted at a laboratory of The Partnership's choosing and at the expense of The Partnership.

Copies of the drug testing policy will be provided to all employment applicants. Applicants will be asked to sign an acknowledgement form indicating receipt of a copy of the drug testing policy. Applicants will also be asked to sign a statement of agreement to complete pre-employment drug testing. Refusal to submit to drug testing shall remove the applicant from employment consideration.

Employees' alcohol and drug test results and records shall be maintained under strict confidentiality and released only in accordance with law. Test records shall be maintained in the separate medical files of each employee.

Questions concerning this policy or its administration should be directed to the Executive Director.

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**Employment Reference and Release Form**

Applicant name: \_\_\_\_\_

Former employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dates employed: \_\_\_\_\_

The above named applicant is being considered for employment with The Community Partnership and has listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. Information provided will be treated in confidence. Please return this form to us in the enclosed, self-addressed, stamped envelope. Thank you for your assistance.

**Applicant's Authorization**

I consent to and authorize the above named former employer, and its agents and employees, to furnish any reference information concerning me, including achievement, wage history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I also hereby release the above named former employer, and its agents and employees, from all liability for damages or claims, including but not limited to defamation, interference with contract, or prospective economic advantage and negligence, I have or may have which arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Record of Employment**

Position held: \_\_\_\_\_ Dates employed \_\_\_\_\_

Summary of essential duties:

Reason for leaving:

Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please rate the following	Excellent	Good	Average	Fair	Poor
Job Knowledge					
Accuracy					
Productivity					
Dependability					
Attendance					
Overall Performance					

Comments:

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Salary at termination: \_\_\_\_\_ Eligible for rehire? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please rate the following	Excellent	Good	Average	Fair	Poor
Job Knowledge					
Accuracy					
Productivity					
Dependability					
Attendance					
Overall Performance					

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Attendance					
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**Personal Reference and Release Form**

**Applicant name:** \_\_\_\_\_

The above named applicant is being considered for employment with The Community Partnership. He/she has provided your name as a personal reference. Would you please take a few minutes of your time and respond to the following questionnaire? A self-addressed, stamped envelope is enclosed for your convenience. Thank you for your assistance as we attempt to learn more about this candidate.

**Applicant's Authorization:** I Consent to and authorize the above named persons to furnish any reference information concerning me, including personal history. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I hereby release the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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How long have you known this candidate and in what capacity?

What personal traits and abilities will this candidate bring to her work with us?

Do you recommend this candidate for employment with The Community Partnership? Please explain why or why not.

Additional comments:

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

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