



1318 W Grant St - PO Box 444
Dexter, MO 63841
573-624-8525 (office) / 573-624-5763 (fax)

EMPLOYMENT APPLICATION

Today's Date _____

Name _____
Last Name First Name MI

Home Phone _____ Cell Phone _____

Current Address _____
Street City/State/Zip

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

EQUAL EMPLOYMENT OPPORTUNITIES - All qualified applications will receive consideration without discrimination because of sex, race, marital status, age, creed, national origin, the presence of disabilities, or citizen ship status.

DRUG TESTING - A clear drug screen is mandatory prior to any offer of employment for Ridgekind.

What position are you applying for? _____

What date can you start? _____

What category do you prefer? ☐ Full Time ☐ Part Time

What shifts are you available? ☐ Weekdays ☐ Weekends ☐ Nights ☐ Evenings ☐ All Shifts

Education: Please circle highest grade completed: 8 9 10 11 12 13+

High School _____

College _____

Other _____

Security: List any states and counties of residence for the past seven years

Have you used any other name(s) other than what is listed above? [] Yes [] No

If so, please list all names here. _____

Have you been convicted of a felony and/or served time in the past seven years? If so, please describe the situation below.
(In accordance with company policy this information will be reviewed for job relatedness.)

Date	Incident	County, City/State	Charge
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a valid driver's license? [] Yes [] No

Have you had any moving violations? Please describe.

Please list any skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company.

Have you been given a job description or had job requirements explained? [] Yes [] No

Do you understand these requirements? [] Yes [] No

Can you perform the requirements of this job with or without reasonable accommodations? [] Yes [] No

If reasonable accommodations are required, what are those requests?

REFERENCES:

Please include only individuals familiar with your work ability. Do not list relatives.

Name	Address/Phone #	Years Known
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: If you have any special personal experience or additional information you would like us to consider you may include it here.

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct contact information is critical.

Most recent employer:

Are you currently working? [] Yes [] No

If so, may we contact? [] Yes [] No

Begin with the most recent employer:

Company Name

City/State

Phone Number

From

To

Job Title

Supervisor

Salary/Per

Duties

Reason for Leaving

Company Name

City/State

Phone Number

From

To

Job Title

Supervisor

Salary/Per

Duties

Reason for Leaving

Company Name

City/State

Phone Number

From

To

Job Title

Supervisor

Salary/Per

Duties

Reason for Leaving

Thank you for completing an application for Ridgekind.

Certification and release: I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and /or agents, including consumer reporting bureaus, to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools and companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment.

We will be making background checks with the High Patrol, Division of Aging, Division of Family Services, and Department of Mental Health. To obtain this information, we will need the following information.

Date of Birth:

Social Security Number:

Driver's License Number:

Signature:

Date: