



# FINCK

Supported Living Services

## Application For Employment

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

May we contact you at your business phone number? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever applied for employment with us?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, when? \_\_\_\_\_

### POSITION DESIRED

Title: \_\_\_\_\_

### WORK ELIGIBILITY

Are you eligible to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_ \*\*You must prove eligibility to work in the U.S.\*\*

Have you resided in another state in the past 5 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please list the states of residence for the previous five years: \_\_\_\_\_

Are you available to work holidays? Yes: \_\_\_\_\_ No: \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

Are you 18 or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Do you have a valid driver's license? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you been convicted of abuse, child abuse, elder abuse, domestic violence or any other crime involving physical and/or emotional violence? Yes \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain:

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain:

Have you been convicted of, pleaded guilty to, or pleaded no contest to, an act of dishonesty, or breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks, and other related crimes within the last five (5) years? \*

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain:

Do you have other special training or skills (additional spoken or written languages, computer software knowledge, etc.)?

How did you hear of our organization?

\*Conviction of a crime, or pleading guilty to a criminal charge, will not necessarily disqualify you from the job for which you are applying. Each conviction or plea will be considered with respect to time, job relatedness, and other relevant factors.

### AVAILABILITY

Days Available

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Th. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Total Hours Available: \_\_\_\_\_ Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Did you graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Diploma: Yes: \_\_\_\_\_ No: \_\_\_\_\_ GED: Yes: \_\_\_\_\_ No: \_\_\_\_\_

**\*\*You must bring proof of High School Diploma or GED to your interview\*\***

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

Did You Graduate? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Degree: \_\_\_\_\_

Post Graduate degrees and Universities attended: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please give accurate and complete full-time employment record. Start with present or most recent employer. Include military experience if applicable.

**Position #1**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Position #2**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Position #3**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Position #4**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If not, why not? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Position #5**

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employed (Month and Year) From: \_\_\_\_\_ To: \_\_\_\_\_  
Weekly Pay: \_\_\_\_\_  
Describe your work: \_\_\_\_\_

May we contact this employer? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, why not? \_\_\_\_\_

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

**CONDITIONS OF EMPLOYMENT**

Finck & Associates, Inc. sets high standards for its employees, and compliance with these standards is a condition of employment. If you are offered a position with Finck & Associates, Inc., you need to carefully consider what we will require of you before you accept. To be considered as a prospective employee you must agree that you are able to:

- ◆ Follow the laws of the State of Missouri regarding treatment of consumers we serve
- ◆ Follow the rules of the Missouri Department of Mental Health
- ◆ Follow our standards of professionalism
- ◆ Arrive on time and when scheduled
- ◆ Able to lift 50 pounds
- ◆ Obtain (if necessary) and maintain a valid chauffeur's license
- ◆ Maintain a positive, enthusiastic attitude
- ◆ Treat clients and coworkers with respect
- ◆ Be honest and dedicated in your work
- ◆ Use proper phone etiquette
- ◆ Complete necessary training requirements
- ◆ Complete required paperwork thoroughly, quickly and professionally
- ◆ Follow company policies and procedures
- ◆ Assist clients and client families
- ◆ Accept and follow directions
- ◆ Meet standards of work quality and quantity
- ◆ Maintain a professional appearance
- ◆ Maintain a safe and clean work environment
- ◆ Accept a work schedule that will require holiday work

Are you willing and able to comply with all the requirements listed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If your answer is no, or if you have concerns about being able to comply with any of these requirements, please explain:

**AGREEMENT OF THE TRANSFER OF INFORMATION**

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, misstatement, or omission of fact in connection with my application, whether on this document or not, may result in immediate termination of employment and possible criminal prosecution. I authorize you to verify any and all information provided above. I acknowledge that employment may be conditional upon successful completion of a substance abuse screening test as part of the Company's pre-employment policy. I acknowledge that Missouri is an "at will" employment state and if I become employed, I will be free to terminate my employment at any time for any reason, and that Finck & Associates, Inc., retains the same rights to terminate my employment at any time for any reason. No Finck & Associates, Inc. representative has the authority to make any contrary agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Send to:**

**Finck & Associates, Inc.  
17079 ACR 929 Mexico,  
MO 65265**